



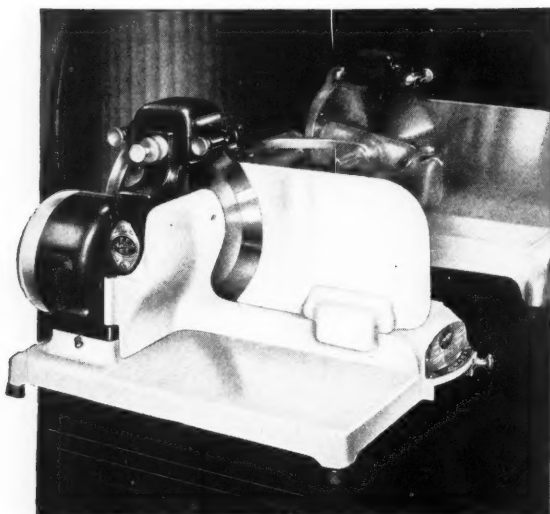
CANADIAN HOSPITAL

VOLUME 11
NUMBER 1

NOVEMBER
1936

Official Journal
CANADIAN HOSPITAL COUNCIL

Here it is . . . the New
LOW-PRICED
HOBART
ELECTRIC
SLICER



**You Have NEVER Seen a Slicer
 Like This One . . .**

A brand new, low-priced HOBART Electric Slicer, with the latest refinements designed for kitchen efficiency and economy, is ready for you. Check these exclusive features and then ask for a demonstration: Solid Stainless Steel Knife . . . Gear Drive . . . New DULUX Finish in Shining Black and White . . . Hard as Porcelain . . . Stainless Steel fittings . . . A Double-life Hobart Knife Sharpener . . . and a host of other features which every hospital kitchen operator will appreciate when he sees this new Slicer.

Write for our Illustrated Folder.

HOBART MANUFACTURING CO. LTD.
119 Church St. Toronto, Ont.

WINNIPEG
 Ryan Bros. Ltd.
 110 James St. East

MONTREAL
 634 Notre Dame St. West

**AT THE LOWEST PRICE IN
 HISTORY**

The New Hobart Slicer costs less than \$200.00 and can be purchased for as little as 40c a day. It is the best equipped Electric Slicer ever offered at this astounding new low price. Write for further details on price and purchase terms.

**THE MOST EFFICIENT
 MILK-MODIFIER
 for INFANT FEEDING**

These purest of corn syrups provide an ideal form of carbohydrates to supplement the milk of the infant's diet.

For the normal infant either "CROWN BRAND" or "LILY WHITE" Corn Syrup may be used in larger amounts than some other sugars without the danger of bringing about gastro-intestinal disturbances.

They are readily obtainable in any grocery store, and are most economical. Because of the hygienic methods employed in the manufacture of these two well-known corn syrups, they can be used with absolute confidence in their purity.



EDWARDSBURG
"CROWN BRAND"
and "LILY WHITE"
CORN SYRUPS

Manufactured by

The CANADA STARCH COMPANY, Limited

FOR THE MEDICAL PROFESSION ONLY

A convenient pocket calculator, with varied infant feeding formulae employing these two famous corn syrups and a scientific treatise in book form for infant feeding, also prescription pads, are available on request.

Kindly clip the coupon below and this useful material will be mailed to you immediately.

The CANADA STARCH CO., Limited, Montreal

Please send me:—Feeding Calculator

Name BOOK Corn Syrups for Infant Feeding.....

Address Prescription Pads

The CANADIAN HOSPITAL



He also needs **INTERNAL EXERCISE**

WITH millions of men, golf, riding and other forms of exercise are a daily ritual. In fact, as doctors know, they may overdo it. Yet these same men eat meals that fail to give their systems proper exercise, meals that may lead to common constipation due to insufficient "bulk."

Fruits, vegetables and bran are the best sources of "bulk." But experiments have indicated that, with some individuals, the "bulk" in fruits and vegetables is largely broken down in the intestines. So bran is often more effective.

Kellogg's ALL-BRAN is an excellent source of gentle "bulk." Scientific tests show that it is

safe and effective. Within the body, this "bulk" absorbs moisture, and forms a soft mass. Gently this exercises and strengthens intestinal muscles, and cleanses the system. ALL-BRAN also supplies vitamin B and contains iron.

This natural laxative food may be served as a cereal with milk or cream, or cooked into appetizing muffins, breads, etc. It is sold by all grocers. Made by Kellogg in London, Ontario.



**The natural food that
CORRECTS CONSTIPATION**

Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association.

Honorary President:

HON. C. G. POWER, Minister of Pensions and National Health, Ottawa.

Honorary Vice-President:

F. W. ROUTLEY, M.D., Secretary, Red Cross Society, Toronto.

1st Vice-President:

REV. GEO. VERREAULT, O.M.I., Auditor, Ottawa General Hospital.

2nd Vice-President:

GEO. F. STEPHENS, M.D., Superintendent, Winnipeg General Hospital.

President: W. R. CHENOWETH, Superintendent, Royal Victoria Hospital, Montreal.

Secretary-Treasurer:

HARVEY-AGNEW, M.D., Secretary, Department of Hospital Service, The Canadian Medical Association, 184 College St., Toronto.

REV. H. G. WRIGHT, Sec. Inverness County Memorial Hospital, Inverness, N.S.

A. F. ANDERSON, M.D., Superintendent, Royal Alexandra Hospital, Edmonton.

EDITORIAL BOARD

LEONARD SHAW, B.Sc., Superintendent, Saskatoon City Hospital, Editor.

HARVEY AGNEW, M.D., Toronto.

R. FRASER, ARMSTRONG, B.Sc., Superintendent, Kingston General Hospital.

A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital.

S. R. D. HEWITT, M.D., Superintendent, Saint John General Hospital.

J. C. MacKENZIE, M.D., Superintendent, Montreal General Hospital.

H. A. ROWLAND, Phm B., Superintendent, Riverdale Isolation Hospital, Toronto.

REV. GEO. VERREAULT, O.M.I., Ottawa.

CONTENTS

Hospital Progress in the Care of Children - - - - -	9
<i>D. E. Robertson, M.D.</i>	
Emergency Hospital Unit - - - - -	10
<i>H. S. Stalker, M.D.</i>	
Sales Tax Exemptions - - - - -	12
Some Observations on Hospital Purchasing - - - - -	13
<i>G. F. Stephens, M.D.</i>	
Tuberculosis Among Pupil Nurses in a General Hospital - - - - -	14
<i>J. D. Adamson, M.D.</i>	
<i>D. Sanger McEwen, M.D.</i>	
Obiter Dicta - - - - -	16
Modern Chemistry and Medicine - - - - -	18
<i>Rodger J. Manning, D.Sc.</i>	
Hospital Libraries - - - - -	20
<i>Inez H. Baylis</i>	
Your Editor at the American Hospital Association Convention - - - - -	24
Ontario Hospital Association Convention Unqualified Success - - - - -	26
A.C.S. Approved Hospitals of Canada Here and There in the Hospital Field 32	
<i>Harvey Agnew, M.D.</i>	

PUBLICATION COMMITTEE

A. J. SWANSON, General Superintendent, The Toronto Western Hospital, Chairman.

J. H. W. BOWER, Superintendent, Hospital for Sick Children, Toronto.

GEO. A. MacINTOSH, M.D., Superintendent, Victoria General Hospital, Halifax.

JAS. H. McVETTY, Treasurer, Vancouver General Hospital.

GEO. E. ROGERS, Purchasing Agent, Winnipeg General Hospital.

A. G. SMITH, Assistant Superintendent, Royal Victoria Hospital, Montreal.

CHARLES A. EDWARDS, Business Manager, 177 Jarvis St., Toronto.

INDEX TO ADVERTISERS

Berkel Products Co., Ltd.	25	Gooderham & Worts, Limited	29
British & Colonial Trading Co., Limited	19	Gumpert, S. Company, Inc.	IV Cover
Cahn, L. D. Co.	23	Hartz, J. F. Co., Limited	35
Canada Starch Co., Limited	II Cover	Hayhoe, R. B. & Co., Limited	33
Canadian Feather & Mattress Co., Limited	7	Hobart Mfg. Co., Limited	II Cover
Canadian Feather & Mattress Co., of Ottawa, Limited	7	Kellogg Co., of Canada, Limited	3
Canadian Ice Machine Co., Limited	23	Metal Craft Co., Limited	6
Canadian Industrial Alcohol Co., Limited	27	Parkhill Bedding, Limited	7
Canadian Industries, Limited	29	Standard Tube Co., Limited	25
Canadian Laboratory Supplies, Limited	27	Sterling Rubber Co., Limited	23
Castle, Wilmot Company	6	Sydenham Hospital	27
Central Scientific Co., of Canada, Limited	8	Toronto Feather & Down Co. Ltd.	23
Corbett-Cowley, Limited	III Cover	Vancouver Bedding, Limited	7
Davis & Geck, Inc.	5	Vi-Tone Company	23
Down Bros., Limited	6	Wander, A., Limited	19
Dustbane Products, Limited	28	Wilmot Castle Company	6

The Canadian Hospital is published monthly by The Canadian Hospital Publishing Co., 177 Jarvis Street, Toronto, Ont.
Subscription Price in Canada, \$1.00 per year Authorized by the Post Office Department as Second Class Matter.



EXPERIENCE

BACK of D&G sutures is a fund of experience accumulated through a quarter century of specialization in one thing.

- Experience gained in the production of over two hundred million sutures used in some thirty-five million operations.

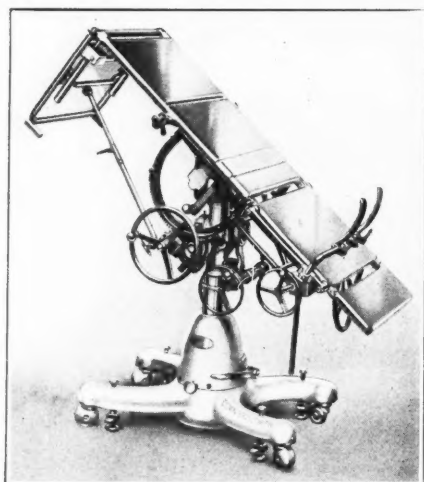
- Experience gained through a program of research begun with the inception of our business, and expanded through the years.

- Experience which has come to us through intimate association with the profession during this era of great surgical advance.

THE benefits of this experience are ingrained in every suture we produce. They are as indispensable to the uniformity and high standards of our products as any of their more material properties.

DAVIS & GECK SUTURES

OBTAINABLE FROM RESPONSIBLE CANADIAN DEALERS.



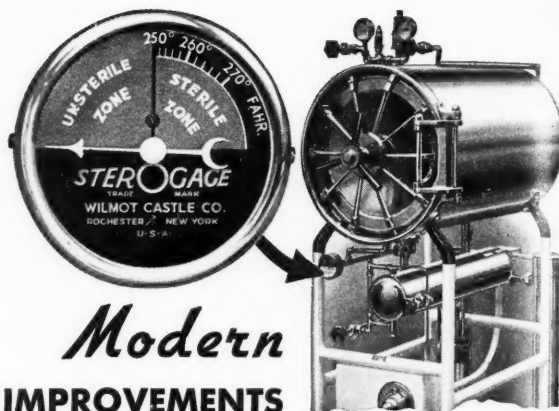
**THE "WESTMINSTER HOSPITAL"
MODEL OPERATION TABLE**

We shall be pleased to send particulars of this and other Tables of our manufacture on request.

DOWN BROS. LTD. (London, Eng.)

143 COLLEGE STREET, TORONTO
Telephone Waverley 9245

Manufacturers of Surgical Instruments and Hospital Equipment.



**Modern
IMPROVEMENTS**

The Castle SterOgag (trade mark) affords visual evidence of *temperature* during the entire sterilization period. All Castle Autoclaves are SterOgag equipped. A SterOgag may be attached to your present unit. *Castle information and engineering service is available in all principle cities of the United States and Canada.*

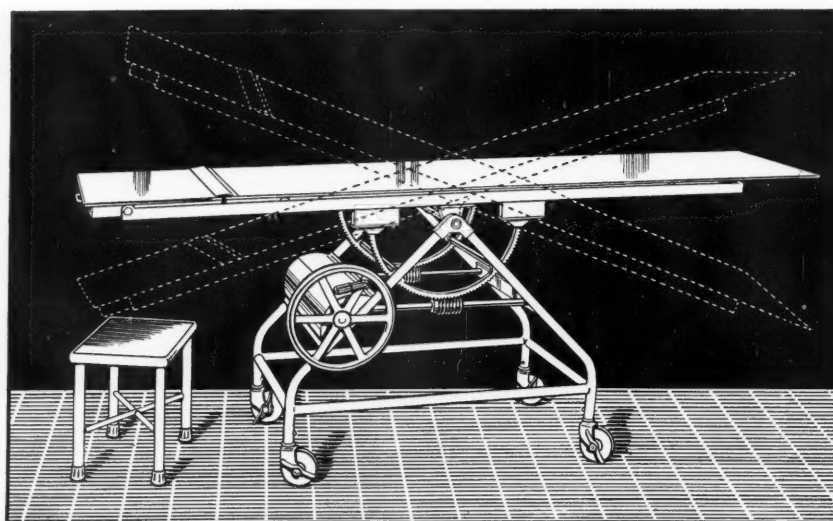
WILMOT CASTLE COMPANY
1176 University Avenue Rochester, N. Y.

50 YEARS OF QUALITY LEADERSHIP

**CASTLE
STERILIZERS**
BUILT BY SPECIALISTS

BRONCHOSCOPIC OPERATING TABLE

No. 4014



THE METAL CRAFT CO., LIMITED

Manufacturers of Hospital Equipment.

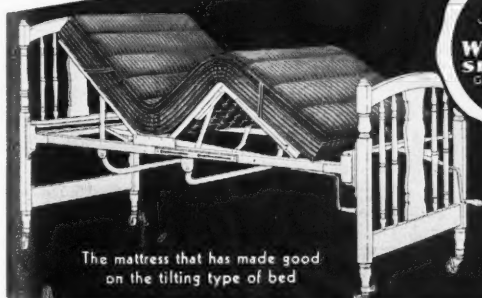
GRIMSBY

ESTABLISHED 1912

ONTARIO



"I wouldn't think of going to any other hospital. Everyone was so nice to me . . . and I rested so comfortably that I bought myself the same kind of mattress when I got home."



The mattress that has made good on the tilting type of bed

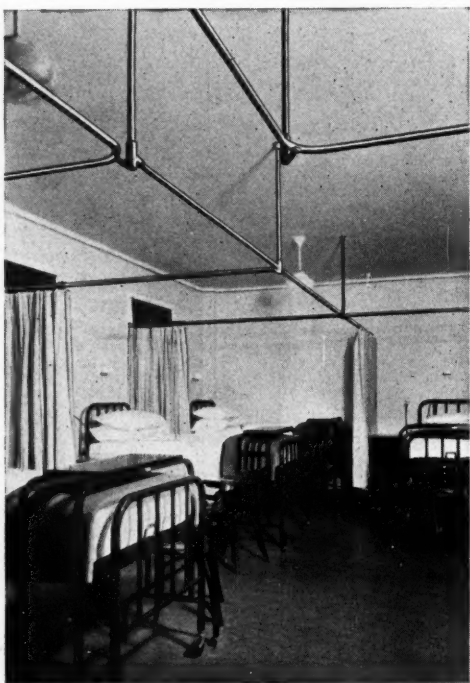


Because it saves them money, hospitals everywhere — large and small — are replacing their worn-down, uncomfortable mattresses with the efficient, two-part Spring-Air Hospital Mattress. They save more than enough on the cost of upkeep to pay for the change-over — to say nothing of the greater comfort, ease of handling, and improved sanitation which only Spring-Air can give. Get the facts!

Spring-Air is made in Canada by
PARKHILL BEDDING LTD., WINNIPEG
VANCOUVER BEDDING LTD., VANCOUVER
CANADIAN FEATHER & MATTRESS CO. LTD., TORONTO
CANADIAN FEATHER & MATTRESS CO. of OTTAWA, LTD.

STAN-STEEL

ROLL CURTAIN SYSTEMS



Their Merit is Proven by
the Increasing Number
of Installations
in
Canadian Hospitals

STAN-STEEL
Hospital EQUIPMENT

STANDARD TUBE CO.
LIMITED
WOODSTOCK - - ONTARIO

Of its new it's comes!

THE LATEST IN INCUBATORS



A new product of
Cenco develop-
ment, with relay
control and forced
circulation.

*Cenco's new Forced Draft In-
cubator sets the pace for
accuracy and uniformity of
temperature control with flexi-
bility and large capacity.*

An advance in bacteriological incubators is our No.
46025 Cenco-Forced-Circulation Incubator.

Designed for beauty as well as efficiency.

The rectangular top shown in illustration houses
the control unit and may be lifted off if necessary.
The unit comprises motor and fan for circulating
air, thermo-regulator, relay and heating coil.
Heating unit permits control from room tempera-
ture to 40°C. above room. Cenco-DeKhotinsky
regulated. Shelves 20" x 18" each will carry 20
Petri Dishes. Three shelves supplied, but as many
as thirty can be installed permitting space for
600 Petri Dishes. Base is 29½ x 22"; overall
height is 50".

Finished in aluminum bronze and black, chrome
plated hardware, reasonably priced at \$231.00
Duty Paid, or \$170.00 Duty Free.

We shall gladly give you further data on request.

CENTRAL SCIENTIFIC COMPANY OF CANADA, LIMITED
LABORATORY EQUIPMENT SUPPLIES
Apparatus and Chemicals
119 YORK ST. TORONTO 2 ONTARIO
PACIFIC COAST OFFICE 1830 W. GEORGIA ST. VANCOUVER B.C.

Hospital Progress in the Care of Children

By D. E. ROBERTSON, M.D.,

Surgeon-in-Chief, Hospital for Sick Children, Toronto

I THINK the most important advance step that has been made in the treatment of children who require hospital care is in the development of a children's hospital where the little patients are separated from adults and are located in their own hospital. There is a very much better chance of organizing the hospital along lines which will deal more efficiently with the one type of patient than in those hospitals where both children and adults are patients.

Where a children's hospital has been developed it is soon found out that it is to the advantage of the hospital and its patients if there is a staff that devote their entire public hospital service to one institution. This I feel is almost as important as having children housed in a separate institution. The development of the staff of a hospital for children has been one that has made great strides in the last thirty years. Pediatrics has become a definite specialty, and it has been found by experience that pediatricians have widened the scope of the practice of medicine in children to a degree that was unknown years ago. By devoting their entire attention to infants and children they have been able to give the subject the thought and care it deserves and they have brought to the attention of public health authorities, governments, and other bodies, the urgent need of safeguarding the young of the community. They have realized that infections and dietary deficiencies have a tremendous effect on the infant or child at a period when if they are to be properly developed there should be no interference with their metabolism, and they have been able to point out steps in public health that when properly followed prevent infants and children having some of the diseases that they are called upon to treat in the hospitals.

Any children's hospital and its staff should work hand in glove with the public health authorities in the community and there should exist the fullest co-operation between the two organizations. This co-operation has in the past forced upon an unwilling public the pasteurization of milk, with the result that bovine tuberculosis is a rare disease in leading hospitals for children, and those few cases that do exist come from communities where there is no pasteurization of milk. In this way the work in the wards of children's hospitals has seen a tremendous change in the last two decades. So called surgical tuberculosis is fast disappearing in this country and will disappear in any community where pasteurized milk is used.

The testing of children's resistance against infections of diphtheria and scarlet fever, and where they are found to be low, the immunization of these patients against these diseases, has produced from the hospital standpoint a situation that would have been unbelievable to any one thirty years ago. Children's hospitals need never now be closed to admitting if they will avail themselves of the protection that is developed against these two diseases. It is not too much to expect that some bright intellect will presently discover the secret of protection against measles and

chicken pox, these two diseases that are usually not very important in themselves but produce such wide-spread epidemics.

While as a surgeon one has to admit, and that freely, the tremendous advances that the pediatrician has been effecting in the control of diseases and in a clear understanding of the principles underlying nutrition and nutritional diseases, one must further praise him for his whole hearted enthusiasm, for the co-operation he gives to the other departments in the hospital, and for his willingness to seek and ask assistance from other branches of medicine. Time is of great importance in the treatment of infants. No pediatrician could allow a condition to exist that is interfering with the normal nutrition or development of the child one moment longer than is absolutely necessary. A case in instance is pyloric stenosis of infants. This condition is one that is in some cases, probably in most cases, amenable to treatment by medical means. Those cases that will survive by this form of treatment will have a tediously long course of treatment that may last over a period of a year or more, during which time this poor, starved, emaciated infant will cry almost incessantly. It would appear to anyone that six to nine months of insufficient nutrition in a child of this age would certainly leave its mark and retard the development of this child. How much better it is to treat the little one by surgical means, when a child such as this can be back to its normal weight in fourteen to twenty-one days, and from then on gain rapidly without any starvation. This is only one of many instances of team work that is developed in a special hospital who have a staff who are devoting their entire hospital service to one type of hospital.

It stands to reason also that surgeons who are in an institution such as this, seeing one type of case, get much more proficient and expert in handling the one type of case than a surgeon who is devoting his energies to general surgery as a whole and working in the public wards of different hospitals.

It is only twenty-two years ago since the first case of pyloric stenosis was operated upon in Toronto, and now it is a fortnightly experience. About the same length of time ago blood transfusions were first done. Now there are hundreds a year.

At the Hospital for Sick Children in Toronto there are more than five thousand operations each year, whereas twenty years ago there were two or three hundred. Such a large volume of work surely must develop in the staff who are doing it a technique and a surgical skill that cannot be acquired by one who is doing an occasional operation. Moverover, the experience that the staff has in studying a large volume of cases of a certain type, gives him rapidly a clinical knowledge that he would otherwise not get.

In the course of thirty years one sees enthusiasms wax and wane, cures discovered and found not to be cures, aids

(Continued on page 11)

EMERGENCY HOSPITAL UNIT

By H. S. STALKER, M.D.,
Vancouver General Hospital

ON July 1st, 1936, an Annex of the Vancouver General Hospital was placed in operation in the form of a movable Emergency Unit. It was the

occasion of the celebration of Vancouver's Golden Jubilee, and the hospital, as their contribution to the Jubilee, had this Unit constructed with the object of rendering hospital service to individuals suffering injury or sickness at any of the many large gatherings scheduled to take place during the summer months.

The Unit consists of a powerful coupe and a trailer 20 ft. long, 8 ft. wide and 7 ft. 4 in. high, the floor being 16 in. from the ground. The trailer is mounted on four 2-ton springs with metal floor frame, and has four wheels, each equipped with Booster Brake and high pressure balloon tire. The floor is framed by 3 in. x 4 in. spruce and floored with 4 in. x 1 in. edge-grained flooring. This is covered with Single "A" battleship green linoleum. The framework and roof is constructed of 2 in. x 3 in. aeroplane spruce, and fastened at all joints by angle braces and stove bolts, over 1,000 of the angle braces being required. The exterior of the frame is covered with $\frac{1}{4}$ in. Masonite. The roof is constructed with $\frac{1}{2}$ in. V joint and is covered with 10 oz. canvas treated with salt and water and painted. The interior is finished with British Columbia 3 ply cottonwood and fastened in place with screws.

The trailer was completely designed and built in the hospital workshop. It is partially streamlined, being curved on the four corners, with the walls curving to the ceiling. Except for the exterior ceiling curve, Masonite was used to cover the four corners and for the whole of the body. The wheel housings were constructed large enough to allow the wheels sufficient room to turn without touching the frame, enabling the streamline effect to be maintained throughout the length of the trailer. Inside, the wheel housings have been absorbed in cupboard space.

The interior is laid out to provide an Operating Room and a 4-bed ward. There are 10 windows of automobile construction and three doors, each with two stationary windows. The Unit is wired for electricity for lighting purposes and for the sterilizer. It carries a 200 ft. extension which can be plugged to any 110 volt circuit. As an auxiliary, where electricity may not be available, a

Rock-Gas unit has been installed, and pipes run through the framework to supply four ceiling lights. A 2-plate burner is also supplied by the Rock-Gas, and a nickel-

plated copper sterilizer forms part of the equipment for use where electricity cannot be obtained. A complete supply of splints, disinfectants, stimulants, etc., is carried as standard equipment, besides a complete set of surgical and anaesthetic equipment sufficient for all types of minor traumatic surgery.

The trailer is drawn by a powerful second-hand

coupe and coupled by means of a Bull-dog hitch with safety chains. The Unit travels at a rate of 25-35 m.p.h. with practically no vibration, surgical instruments being set out in their showcases at all times.

The whole Unit, including the towing car, was given 5 coats of white paint, red crosses placed below each double window, and a large one placed on the roof. The name "Vancouver General Hospital" was placed on the curved portion of the roof on either side in large gold-leaf letters with black shading. At the rear, "Emergency Unit" was inscribed in a similar fashion. The total cost, including the towing car, was under \$2,700.00.

The running expenses are comparatively light, the complete personnel consisting of an intern, a graduate nurse who has received training in the Emergency Department of the hospital, and a driver who is a steady employee of the hospital, and who has also had orderly experience.

This Unit was first introduced to the public in a large parade marking the opening of the Vancouver Golden Jubilee, at which it was viewed by many thousands. The parade terminated in the city's largest park, where the Jubilee celebrations progressed for the whole day, and the Unit went into service immediately. During the day it treated 17 cases ranging from severe headache to ruptured varicose veins and colles fracture.

Throughout the day, a steady stream of people inspected it, and all welcomed it with enthusiasm. Throughout July and August the Emergency Unit has been in great demand, taking part in all of the various district parades, and later standing by to aid casualties which usually occurred during the various athletic events, etc., in connection with the various District Jubilee celebrations. Groups of from 5,000 to 15,000 attended these gatherings, and the Emergency Unit was under constant

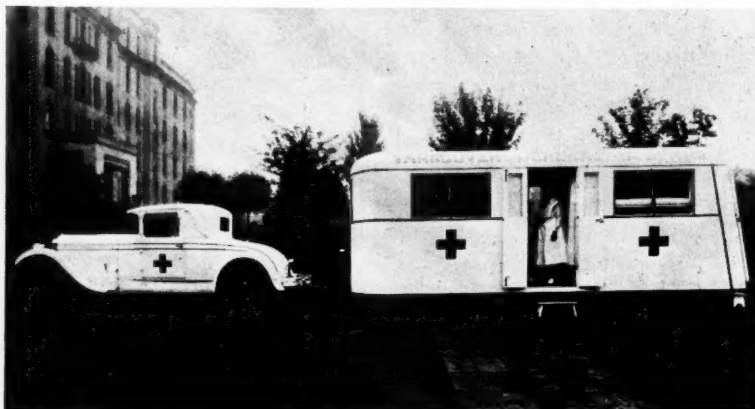


Fig. 1. Unit complete. Upper bed made up may be seen through rear window.

inspection. Blinds and draw-curtains were installed so that the Operating Room or any one of the beds in the ward could be completely shut off from view. Records of patients treated were taken similar to those obtained in the Emergency Department of the hospital proper.

Its final appearance to date was at the Canada Pacific Exhibition where, in conjunction with the City Fire Department, a demonstration of First Aid was rendered to persons previously "rescued" from a "burning building" by the Fire Department. In this setting it was observed to advantage by 30,000 people.

As the work of this innovation has progressed, new avenues for its use have developed. Vancouver has a large expanse of bathing beach and "the Unit," as it has come to be called, is always in demand, as accidents requiring a doctor's care are constantly occurring. Offers for its use have been received from the local Racing Association, and in that type of work it would appear to be ideal. Its attendance at rugby games, hockey games, etc., has also been suggested, and it could be used to advantage as a travelling clinic. At the present time it is impossible to say to just what length the use of this equipment may

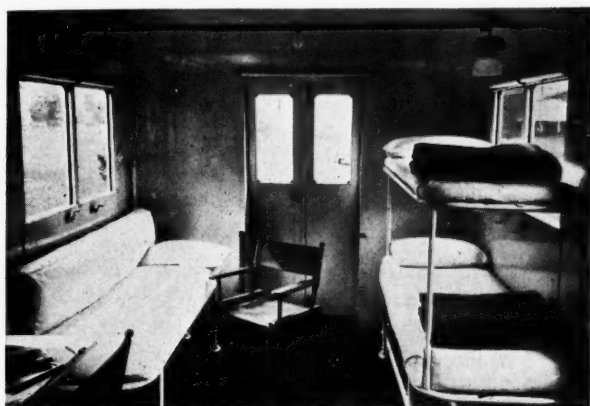


Fig. 2. Ward portion of unit. Upper bed on right side made up. On left side lower bed is made up with mattress of upper bed doubled to form backrest. When required, the upper bed can be made up in two minutes.



Fig. 3. Surgery portion, showing surgical cases, cupboards, sink, sterilizer on gas plate, water tank and operating table.



Fig. 4. Picture taken from rear of unit showing greater part of interior.

attain. All service so far rendered has been free, as it was never intended that this should be a money-making innovation. On the other hand, it was an effort on the part of the Board of Directors of the Vancouver General Hospital to bring to the attention of the citizens of Vancouver that the hospital was endeavouring to supply them with adequate hospital service anywhere within the city limits, and our record of some 300 cases treated, many of them requiring urgent surgical attention, speaks for itself.

I feel that nothing within the past ten years has so brought the hospital to the favourable attention of the citizens as this has done.

Hospital Progress in the Care of Children

(Continued from page 9)

to diagnosis, and so on, but one must always come back to the patient. Therein lies the problem, and therein is the ultimate solution of the problem, and it is not to be found anywhere else. The outstanding aid to clinical medicine and surgery in the last thirty years has been the development of the x-ray. This has proved of vital importance in diagnosis, and is an aid that one can say is a permanent addition to the art and science of diagnosis.

It is conceivable and it is probably true that proper care of a child may assure him against diseases which would otherwise attack him later in life. If an intelligent understanding of his childhood complaints were possible, a simple correction might cure him at an early stage. It is not too much to believe that the foundation of health is laid in infancy and during the early years of life, and in this respect it behooves any community to pay particular attention to the study of children both well and sick.

SALES TAX EXEMPTIONS

BECAUSE of various difficulties experienced by some hospitals in connection with claims for Sales Tax exemptions, the Canadian Hospital Council recently wrote to the Commissioner of Excise at Ottawa with respect to rulings on various articles purchased by hospitals. The following letter so reviews the present situation that it is being printed in these columns for the information of the hospital field:

"Department of National Revenue
Excise Division,
Ottawa, Canada,
September 24th, 1936.

Canadian Hospital Council,
Secretarial Office,
184 College Street,
Toronto 2, Ont.

Gentlemen:

Attention of G. Harvey Agnew, M.D.

Receipt is acknowledged of your letter dater September 3rd.

Generally speaking, there has been no change in the application of the sales tax to sales of articles and materials to bona fide public hospitals certified to be such by the Department of Pensions and National Health since provision for exemption from the sales tax was first made effective June 2nd, 1931. Numerous rulings have, of course, been despatched from the Department to interested parties containing interpretations of the meaning of the exemption but these are not available in pamphlet form for distribution.

The wording of the exemption reads as follows:

'Articles and materials for the sole use of any bona fide public hospital certified to be such by the Department of Pensions and National Health, when purchased in good faith for use exclusively by the said hospital and not for resale;'

and as mentioned above, it has not been changed since June 2nd, 1931.

This Department holds that sales of taxable articles and materials to bona fide public hospitals are exempt from sales tax, provided a certificate to the effect that the goods purchased are for the sole use of the hospital and not for the purpose of resale is furnished the supplier of the goods by an authorized official of the hospital, in respect of each purchase.

The exemption likewise applies to importations of articles and materials by bona fide public hospitals, provided the required certificate is endorsed on the customs entry at the time the hospital enters the goods for consumption in Canada.

The foregoing exemption does not, however, extend to sales to an unlicensed wholesaler, jobber or other dealer of articles for resale to a certified public hospital, the tax applying on such sales, subject to refund to the unlicensed wholesaler, jobber or other dealer under conditions rendering his sale exempt.

Possibly more misunderstanding has occurred in connection with contracts for hospital buildings than in connection with any other feature of the exemption. For example, a contractor takes a contract to erect a building for

a public hospital. The contractor supplies materials and labor and sells the completed building to the hospital. The Department holds in such instances that no sale of goods is made to the hospital and accordingly the sales of articles and materials to the contractor are properly subject to sales tax, and no refund is payable to him on completion of the work.

There is enclosed a copy of the July, 1935, Office Consolidation of the Special War Revenue Act, together with a copy of Chapter 45, the 1936 Amendment thereto.

Also enclosed are copies of the Regulations issued under authority of the Special War Revenue Act and Circular 707-C, Second Revision, with Supplement "1" thereto. It is suggested that should you receive inquiries for information concerning the application of the exemption to a particular transaction or transactions, you refer the inquirer to the Department so that a specific ruling may be supplied.

Yours truly,
(Sgd.) C. T. Gilchrist
for Commissioner of Excise."

Details respecting Sales Tax are given in Bulletin No. 16, being the Report of the Committee on Hospital Legislation of the Canadian Hospital Council; references are on pages two to five.

With respect to exemption from Sales Tax on building materials, the Department has already pointed out that the sale of such building materials must be made directly to the hospital. The usual procedure is for the contractor to specify what materials he desires the hospital to purchase; such is then purchased by the hospital, and is the property of the hospital, although used by the contractor in the construction of the new building. As this item is of considerable importance where large additions are being contemplated, arrangements with the building contractors should be so adjusted as to permit this very helpful exemption to be utilized.

The attention of hospital administrators is called also to the necessity of keeping accurate records and making periodic returns to the Department with respect to the sale of drugs. This subject is taken up in detail on page 3 of Bulletin No. 16, sent some time ago to all hospitals. The drugs are free from sales tax, when used for indigent patients and for those in-patients to whom the charge is not greater than the cost to the hospital of the drugs in question, plus 10 per cent.

"In those cases where the addition to the cost of the drugs is greater than 10%, or where sales are made to doctors or others not patients of the hospital, the hospital will be required to maintain a record of the sales made, and account for sales tax at the existing rate on the value of such goods sold."

As the Federal Department has been checking up recently on drug sales in a number of hospitals, and as it is desirous that the hospitals do nothing to jeopardize the very happy relationship now existing between the Excise Department and the hospitals, the latter are urged to so keep a record of their drug sales that their good faith in this matter will never be questioned.

Some Observations on Hospital Purchasing

By G. F. STEPHENS, M.D.,

Superintendent, the Winnipeg General Hospital

IN the course of preparing for the Cleveland meeting of the American Hospital Association a paper on purchasing, the writer entered into correspondence with a number of Hospitals with regard to certain features of their purchasing.

An expression of opinion was obtained as to the best procedures to follow (if there be a best). It is recognized that there must be a wide latitude in methods, depending on the size of the hospital itself, form of management, the effect of local influences and the personalities in control. The answers received were illuminating. Many of the Administrators were not in agreement as to the set up, particularly as to whether there should be a separate purchasing department or not, but there was a fairly general unanimity of opinion as to methods.

For the benefit of those hospitals which are facing problems in connection with their purchasing, the following observations are submitted:

1. The great majority of administrators were thoroughly convinced of the value and desirability of having a separate purchasing department under a purchasing official, but there were several dissenters. Those in favour set a daily occupancy of two hundred or even one hundred and fifty, and some went as low as one hundred as a minimum above which a purchasing official was justified. For lower occupancies it may be advisable to have some one on the administrative side to take over this function. Each hospital will have to determine for itself whether its size warrants such a separate department.

2. There is the competency of the purchasing individual in charge, his all-round knowledge of purchasing methods, his willingness to fit in with the administration to which he is responsible and his ability to make favorable contacts in his business community. Such contacts can create much good will for the hospital.

3. There should be freedom to purchase either in the open market, or to make short or long term contracts. In these days, when it is largely a buyer's market, elasticity in purchasing restrictions may pay large dividends.

4. The necessity for maintaining adequate records in

the purchasing department is emphasized. These should include inventories, prices and consumption, so that the purchasing office will know what are the requirements and what should be the replacements.

5. Study quantity prices and quantities used. Do not over stock to get a lower price, but do not hesitate to stock up and even pay storage if quantity price warrants it.

6. Ensure that the purchases will meet with the approval of the user. Consult with the Department Head concerned, or members of the staff when in doubt. Buy as much as possible on specification or catalogue description. This will save disputes within and without.

7. Hospitals are non-profit Institutions and do not exist for the benefit of local merchants. By all means buy locally if the price is right, for it is from the local people that the Hospital gets its support. Local business interests should insist that the hospital buy at the most favorable market. This is particularly applicable to some of the smaller institutions which may be forced to pay retail prices for their purchases.

8. Obtain competitive bids on any purchases made in the open market over a pre-determined minimum amount unless there is no competition. Let the first bid be final. Do not divulge the price to competitors. If other things are equal buy from the lowest bidder.

9. Have confidence in the trade, deal with reputable houses, take the advice of their experts on technical matters, but let it be understood that if they "let you down" you are through with that firm.

10. Last but not least, let the governing body of the hospital know what is being done in respect to purchasing. They are representative citizens and are your contact people with the public and the trade. It must not be forgotten that it is the public which supports the hospital, either through payment of fees for services rendered, through payment of taxes, or by gifts and donations.

Hospitals are enormous purchasers of raw and manufactured goods for the maintenance of patients. Add to this the buying power of their pay roll and it makes them a relatively big industry in any community.

The Irish Sweepstakes

Once more there appears in the press a list of Canadians, or at any rate of Canadians' pseudonyms, in connection with the Irish sweepstakes. Forty have obtained horses in the Irish draw. Two hold tickets on the favorite. Many readers no doubt are envious of these people upon whom fate smiles, or promises to smile. Some of them are likely to get a fortune for a very little. And the suggestion will be made, as it is always made at this time of year, that Canada, too, should go in for this sort of thing, and raise money for hospitals or other worthy causes by means of lotteries.

The answer is that, if additional money is to be raised in Canada, it should be raised from those who can more easily spare it than the majority of the people who buy sweepstake tickets. In addition to that, it should be raised by methods not so costly, for prizes eat up 60 per cent of the receipts in the present Irish sweep. Little is to be said for a tax which costs 60 per cent to operate.

The public hears much of the few who win the large prizes offered; nothing at all of the thousands who get nothing for the ticket money which they and their families could ill spare. It is a poor business and Canada does well to keep out of it.

—Toronto Daily Star.

Tuberculosis Among Pupil Nurses in a General Hospital

By J. D. ADAMSON, B.A., M.D., M.R.C.P. (E), F.R.C.P. (C)

and

D. SANGER McEWEN, B.A., B.Sc., M.D.,

St. Boniface Hospital, St. Boniface

MUCH has been written on this subject and it has been approached from almost every possible angle. It is generally agreed that so far as tuberculosis is concerned, nursing is more hazardous than other occupations. Some reports, indeed, suggest a very serious state of affairs and, if accurate, constitute an indictment of most general hospitals.

Before presenting the figures for St. Boniface General Hospital, let us attempt to estimate the mortality and morbidity that might reasonably be expected in this age-sex group under all environments. This is, of course, a necessary preliminary because it is obviously inaccurate to compare the figures of any particular group with the figures for the whole population.

The accompanying graph (Fig. 1) shows the actual numbers of deaths in Canada in each half decade for males and females during the year 1934. A study of this graph demonstrates that:—

1. The peak of tuberculosis mortality among females is reached in the half decade of 20-24. Sixteen per cent (16%) of all the female deaths occur in this period; this age group contains only about 10% of the female population.

2. Deaths at this period are 60% more among females than males (actual deaths are 530 females to 330 males); they are more than twice as numerous as they are in the half decade of 35 to 39 (i.e. 530 females to 230 males).

3. In the half decade before and the half decade after the 20-24 period, the death rate is also very high; the fifteen years included in these three half decades account for 42% of all female deaths and only contain 26% of the female population.

From this it is seen that the age and sex group into which pupil nurses fall is by far the most tuberculous of all.

Now let us enquire what death rate may be reasonably anticipated in this group in Manitoba. We have about 200 female deaths a year. If the age distribution follows that of the Dominion, 16% or 32 cases would come into the 20-24 decade. There are about 32,000 females living in that decade in the province. The mortality per 100,000 therefore works out at 100. There are several other methods of arriving at the death rate for this age-sex group. Each one of them gives a figure between 100 and 140 per 100,000. It is therefore a conservative estimate to say that in the general population, irrespective of occupation, this group has a mortality of slightly more than one per thousand.

If we accept one in 1,000 to be the likely mortality rate, what should we expect the morbidity rate to be for the same group? It will probably be generally agreed that in any given year there are at least 6 tuberculous

people living for each one who dies. In this age sex group therefore, a general survey would each year discover at least 6 cases of tuberculosis per thousand examined.

St. Boniface Hospital has an average of 175 undergraduate nurses in residence; they practically all come within the age period of 19 to 24. The incidence of tuberculosis over a period of 5 years (1931-1935) has been studied. This is equivalent to following 875 for one year. The figures are given in the following chart.

	1931	1932	1933	1934	1935	Total
Pulmonary Tuberculosis	1 far-adv. (died) 2 minimal	1 mod. adv.	1 mod. adv.	2 mod. adv.	0	7=0.8%
Pleurisy with effusion	2	1	5	2	1	11=1.25%
Glands	0	0	0	2	0	2=.023%
Erythema Nodosum	1	2	3	0	2	8=0.9%
Total	6	4	9	6	3	28=3.2%

These figures will be analyzed under several headings:

A. Pulmonary Tuberculosis

1. *Deaths.* One death occurred in the whole series. This amount to 1 in 875 per year. In view of the normal expectancy (in 1,000) this cannot be considered excessive. Statistical conclusions cannot, of course, be made on the evidence of one death. The investigation could have been carried back several years without encountering any other deaths. The figures would have changed correspondingly.

2. *Morbidity.* There were seven cases of pulmonary tuberculosis (7 in 875). This is slightly more than the normal expectancy (6 in 1,000).

3. *Stage of Disease.* It is to be noted that, when discovered, one case was far advanced, four were moderately advanced, and two were minimal. From the point of view of prognosis, this group is much more favorable than the general run of admissions to sanatoria. In Manitoba at least 60% of admissions from the general public are far-advanced and not more than 10% are minimal.

4. Outcome

Three made clinical recovery (well and working).

One well and working for 4 years.

One well and working for 2 years.

One well and working for 1 year.

Three still under treatment.

One up and about with pneumothorax.

Two still in sanatorium and doing well.

One died.

This is definitely better than the average outcome of patients admitted to sanatoria.

B. Pleurisy with effusion

There were 1.2%. The incidence of pleurisy with effusion in the general population is not known. There can, however, be little doubt that the above figures are over normal expectancy. Most of these cases occurred in girls who were tuberculin negative on entering and who became positive with onset of pleurisy. We regard these cases as having been the manifestation of a primary tuberculous infection.

The outcome of the pleurisy cases was uniformly good, and to date, none have developed pulmonary tuberculosis.

Recovered and finished training	4
Now well and in training	2
Well but did not finish (for other reasons)	4
Still under treatment	1

C. Erythema Nodosum and Glands

There were two cases of adenitis diagnosed as being tuberculous and 8 cases of erythema nodosum. These, with one exception, have recovered and continued training. One returned to her home, and later developed pleurisy from which she recovered.

Conclusions and Comments

1. Our experience in the past five years suggests that breakdown with pulmonary tuberculosis has not been much above reasonable expectancy; it does not reach the alarming proportions suggested by some. The increased morbidity is partly compensated by the fact that when breakdown does occur, the cases have been diagnosed much earlier than would have been the case had they been employed outside of a hospital; they have therefore come to treatment early and have had better results than the average case of tuberculosis.

2. The incidence of pleurisy with effusion and erythema nodosum is unquestionably higher than in other occupations. This no doubt means that primary infection is common. This is further attested by the experience with tuberculin test in all general hospitals. About 50% of our undergraduates become tuberculin sensitive during their course. Whether this is ultimately good or bad for the nurse is still a debatable point. However, it is certain that one cannot condone so high an incidence of pleurisy. There will unquestionably be a pulmonary aftermath in some cases.

We feel that general hospitals need not be unsafe for nurses if the following rules are observed.

1. X-Ray every nurse on admission. Hospitals who

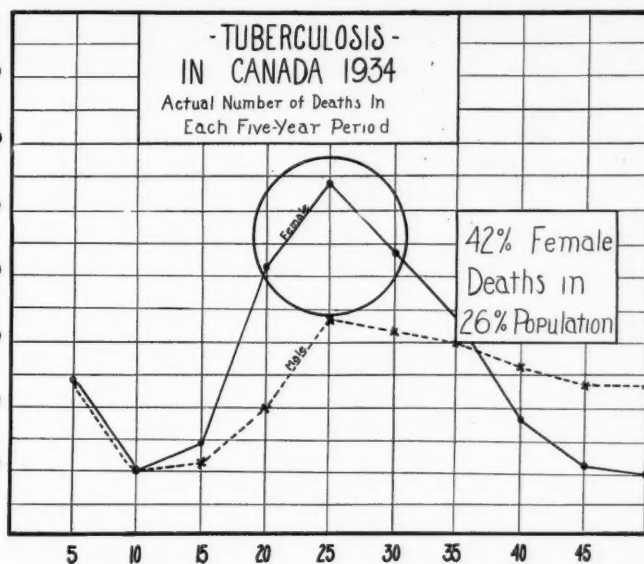


Figure 1.

have neglected this have been blamed for much tuberculosis for which they are not responsible.

2. Fluoroscope every nurse every 6 months; most tuberculous lesions will at least be suspected on careful fluoroscopic examination.

3. X-Ray every nurse with the least suspicion of pulmonary disease, subjective or objective, and put every nurse with parenchymal infiltration or pleurisy on full sanatorium case.

4. Sputum examination and fluoroscopic examination should be

done on every patient with chronic cough, also the wards should be kept clear of open tuberculosis by having Sanatorium beds easily available.

5. Train nurses to observe strict technique when nursing those with cough.

6. Make medical consultation readily available for all nurses and never forget the possibility of tuberculous infection at all times.

We have tried to enforce these rules in the past five years. During the past year, we have had only one case of pleurisy and two cases of erythema nodosum. We hope this is not fortuitous.

Cast Cutters Now Duty Free

The Canadian Hospital Council in October received word from the Department of National Revenue (file No. 192637) that a certain type of cast cutter made in Indiana, especially designed and adapted for the removal of Plaster of Paris casts, will now be admitted free of duty under Item 476. This item, in accordance with the Canada-France Trade Agreement, now entitles importations from the United States, as a most favoured nation, to be free of duty. This ruling does not include Plaster of Paris shears, which instruments are rated for duty under Tariff Item 429(f) at 30% ad valorem Intermediate Tariff.

Whether free or dutiable, there is payable a special Excise Tax of 3% on the duty paid value. Articles entitled to entry under Tariff Item 476 are exempt from the Consumption or Sales Tax; otherwise the Consumption or Sales Tax of 8% on the duty paid value applies, unless the article be purchased by a public hospital for its use and not for resale.

Forthcoming Conventions

British Columbia Hospital Association, Empress Hotel, Victoria, November 11th-13th.

Alberta Hospital Association, November 16th-17th.

Saskatchewan Hospital Association, Saskatoon, November 19th and 20th.

Obiter Dicta

A.C.S. Approval of Hospitals

WITH the publication of the results of this year's survey of hospitals throughout North America by the American College of Surgeons under their Minimum Standard movement, it seems timely to comment upon the desirability of this standardization program. The principle of this work is a very simple one and it would appear to us to be a movement that should meet with the approval and endorsement of every good hospital throughout the continent for it merely requires that a hospital render the minimum standard of service necessary for the good hospital care of the patient, and it goes without saying that no hospital would desire to give service that is inadequate.

A perusal of the Code of Minimum Standards is not a lengthy procedure for the requirements are grouped under five definite headings which in the briefest possible way can be described as (1) a properly organized staff, (2) permitting only competent and ethical qualified doctors to practise in the hospital, (3) establishment of rules and regulations to insure the efficient functioning of the staff and holding of meetings to review the clinical work of the hospital, (4) obtaining a complete case record of every patient, (5) provide proper diagnostic and therapeutic facilities under competent medical supervision.

It seems reasonable to say that it would be hard to imagine a hospital functioning without these requirements although such must be the case for we still find in the ever growing lists of approved hospitals that there are a number who are not yet qualified for such approval. What is the reason? Is it because such hospitals are not sympathetic to the work of the College? Have they local problems which prevent them from meeting all the requirements or are they indifferent to good hospital care? If it is the former we can do no more than urge a complete study of the work of the College over many years. Such a study will reveal a completely unselfish motive, thinking always of the patient and an organization ready and willing to help any hospital at any time. If lack of approval is due to local problems within the hospital here again the College will be only too willing to act as an adviser, for while they will not tolerate hospital inefficiency, they will do everything in their power to aid in the correction of such inefficiency. If the reason is due to indifference on the part of the hospital we can but urge that you look around and see what other hospitals are doing and as quickly as possible eliminate the risk to yourselves of having to explain your stand by saying that "everyone is out of step but us."

Elsewhere in this issue is published a complete list of the approved hospitals in Canada together with those hospitals that are provisionally approved. We urge the per-

usal of these lists so that each one of us will be familiar with the classification of our hospitals and particularly conscious of the hospitals in our province and community that have not yet won approval.



Air Conditioning

THE subject of air conditioning is now receiving a great deal of public attention. Health workers have long realized the need for such, but it has only been in recent years since the commercial possibilities have been realized by builders and suppliers of building materials and equipment, with consequent advertising, that the public has really become alive to the application of this development. Perhaps of even greater value in the past few years have been the air-conditioned theatres and the "AC" on the railway timetable, which spells all the difference between comfort and misery.

Air conditioning is of vital importance in a country like Canada, where we have such extremes of temperature and humidity. In parts of Canada the winters are so dry that hyperstimulation of the body affects nearly everyone; the presence of static is a general observation. With our overheated dried out inside atmospheres, nasal conditions are so common that, in some other countries, dry catarrh, enlarged turbinates, etc., are referred to as the "Canadian" disease. While "air conditioning" is a very loose term covering any form of air modification, in Canada we are much more concerned with the addition of moisture to the air than its extraction, as in some of the southern states and the tropics.

Its value in hospitals has been definitely established. Humidification is of considerable benefit in the nursery, particularly to premature infants, and, in the operating room, it is a safeguard against static explosions during cold weather. Of course, it adds to the comfort of the patients and the personnel in the hospital, as it would elsewhere. Cooling of the air has a real effect on the prognosis. Many observations confirm the beneficial effect of lowered temperatures in hot weather on surgical patients, particularly during the post-operative period, on cardiacs and on others. Asthmatics do better in rooms provided with filtered air only. Oxygen therapy has now so established its value that one large new hospital in Toronto has had every room on three floors piped for oxygen.

The cost of air conditioning up to the present has been a strong deterrent to its wider adoption, not only in private homes but in institutions. Most lower priced home equipment has very little effect upon the degree of relative humidity, although certain more elaborate equipment capable of considerable humidification is being made avail-

able at a more reasonable price. Cooling devices would seem to be less costly in proportion to their efficiency. Heat and cold insulation, of course, is really within the price range of every hospital for, in practically all parts of Canada, the cost can be quickly reclaimed in fuel economy alone.

One difficulty, according to Prof. C. A. Mills of Cincinnati, the noted authority on air conditioning, is that we have endeavoured to condition the environment rather than the patient. As heating the air reduces the relative

humidity, the research now being done on the use of radiant heat may prove fruitful as it has been determined that, by using radiant heat, a person can be kept quite comfortable at a temperature quite a few degrees below that required for comfort under ordinary circumstances. Another development of interest, according to the last report of the Committee on Hospital Planning and Equipment of the American Hospital Association is the use of ultra-violet rays for destroying air borne pathogenic bacteria in operating rooms and elsewhere.

Ontario Hospital Association Protests Grant Reduction*

On October the 16th, the Board of Directors of the Ontario Hospital Association presented a Brief to Premier Hepburn and his Cabinet protesting the recent announcement that no Government grant would be paid to the public general hospitals on behalf of public ward patients, all or part of whose public ward rates are paid by themselves or by other than municipalities. The effect of such ruling would be that, unless the charge could be raised to \$2.35 a day to paying patients or those whose accounts are being paid, the hospitals would lose considerably. The Association's Brief was as follows:

"(1) That if this regulation comes into force, the patient, who in the past has paid the public ward rate of \$1.75 per day, shall be forced to pay \$2.35 per day.

"(2) That if such a course is taken, thousands of patients who in the past have been paying their own public ward rates will be forced upon the indigent lists and will come back upon the municipalities and the Government. The proportion of patients who have been paying all of their own public ward rates is over 35 per cent of all those in public wards.

"This is surely a great tribute to the desire of the ordinary wage-earner to strive amidst heart-breaking conditions to maintain himself and his family in sickness as well as in health.

"(3) That from the records kept by one large hospital and brief but somewhat exhaustive investigations made by other large hospitals, almost all of these patients who have been paying their own public ward rates have done so from very small wages and are, therefore, worthy of the assistance which they now get to enable them to maintain what to them is a decent independence.

"The average weekly wage of these families is found

to be well under twenty dollars and the average size of the families is over five persons. A large percentage of these families have only seasonal employment, so that their annual income is much less than indicated by the weekly wage.

"(4) That to force them into indigency, even during a part of their stay in hospital, is to do them a great harm from the point of view of their own morale and to increase the proportion of our people who have come to the conclusion that there is no use trying to maintain themselves. This, to our minds, is the most serious aspect of the proposed regulation."

The deputation also protested the proposed lowering of the grant to sanatoria for consumptives from 67½c (formerly 75c) to 57½c per patient day. The proposed reduction from 54c to 40c in the provincial grant to hospitals for incurables met with opposition from the deputation.

American College of Hospital Administrators Elects New Officers

Among the Regents of the American College of Hospital Administrators elected at the annual meeting, held recently in Cleveland, we note the names of Dr. A. K. Haywood, Superintendent of the Vancouver General Hospital, and Miss E. Muriel McKee, Superintendent of the Brantford General Hospital, Brantford, Ontario.

It is of interest to note also that two former assistants of Dr. Haywood, when he was Superintendent of the Montreal General Hospital were also honoured. Dr. Basil C. MacLean, now Superintendent of the Strong Memorial Hospital, Rochester, New York, has been elected President for the ensuing year, and Dr. Donald C. Smelzer, Superintendent of the Graduate Hospital of the University of Pennsylvania, Philadelphia, has been elected a Regent. A former Ontarian, Miss E. Muriel Anscombe, Superintendent of the Jewish Hospital, St. Louis, Mo., was also elected Regent.

*Just as we go to press, information has been received that the Ontario Government has decided not to reduce the grants to public hospitals, as was recently announced. However, the governmental contribution of 60 cents per diem will not apply for persons sent in by insurance companies or by fraternities or benefit societies. Reductions to sanatoria from 67½ cents to 57½ cents (formerly 75 cents) will stand.

MODERN CHEMISTRY AND MEDICINE

By RODGER J. MANNING, D.Sc.,

Professor of Biochemistry, University of Saskatchewan

ONE of the most interesting developments in Chemistry during the last two decades has been the extension of our knowledge of those compounds necessary in only infinitesimal quantities for our welfare and development.

Previous to this period the macro-chemistry of the animal body had been extensively studied, and as a result we were well acquainted with the composition and structure of osseous tissue, the fats and the muscular tissues, etc. Nothing much was known, however, of the chemical nature of most of the hormones and vitamins beyond an ill-understood conception of the results of their absence from the blood or diet.

Only of late years has the skill of chemists been adequate to the task of isolating these materials and crystallising them. This task has been rendered extremely difficult owing to the minute quantities present, as well as to the many confusing impurities occurring in the glandular tissues and vegetable substances from which hormones and vitamins are obtained.

With this preliminary feat accomplished, organic chemists have been enabled to study the structure of the hormones, etc., and hence devise methods for their synthesis. As a result, our knowledge has increased immensely during the last decade, many of these substances have been synthesized with comparatively little expense and in many cases other simple chemicals discovered to replace them physiologically. Apparently by slightly altering the chemical structure, substances much more potent than the naturally occurring ones may be obtained. This promises to be of inestimable advantage for therapeutic purposes.

For example, thyroxine was discovered by Kendall in 1915 but it was not until 1927 that its constitution was established beyond a doubt and its synthesis accomplished by Harington and Barger. Harington also proved that the specificity of hormones was not absolute and that other substances more or less closely related in composition could be used as substitutes. 3,5 di-iodo thyronine for example can replace completely either thyroxine or the dried thyroid gland. This lack of specificity of the hormones opened a vast field of research after easily synthesized substitutes. For instance, some of the polyphenols such as dinitro-o-cresol will raise the basal metabolic rate to plus 50 in persons with all the stigmata of myxedema.

Of recent years the most interesting advances have been made in the study of sex hormones. The results of their absence upon secondary sexual characteristics have been known for a generation, and beyond the fact that the potent substance in an ovarian extract was of a lipoidal nature containing carbon, hydrogen, and oxygen, nothing

was established due to the then impossibility of purifying the extract. The discovery by Aschheim and Zondek in 1927 that the urine of pregnancy contains the estrus producing hormone in large quantities and in a much purer state gave the organic chemist his opening.

In 1929 Doisy and Butenandt separately isolated a crystalline compound which they named estrone or theelin and in 1930 Marrian obtained estriol or cheelol with a slightly different molecular weight but which on loss of water became theelin. In 1933 Girard prepared from the same source a whole series of substances such as equilenine and equileline.

Hence the large number of estrogenic substances prepared out of pregnancy urine which differ slightly in composition but possess the same physiological and biological effects only in varying degrees.

The amazing fact is that all the known phenomena of estrus and the action of estrone can be completely imitated by a comparatively simple substance 1.keto 1:2:3:4 tetrahydro phenanthrene. This latter substance when injected into a capon changes the plumage from that of a male to the female type in exactly the same manner that estrone works. Several of the debenzanthracene diols possess similar properties and are closely related to the carcinogenic or cancer producing hydrocarbons such as 1:2

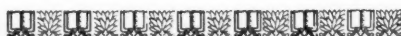
benzpyrene and 1:2:5:6 debenzanthracene.

One of the most remarkable feats of late years was the degradation of biologically inactive sterols with the production of sex hormones and the switching of the female to the male hormone, the structure of which has been established.

The work of Ruzicka (1934) in the synthesis of the male sex hormone called androsteron from di hydro cholesterol acetate was particularly brilliant. As the source of cholesterol from gall stones or brain tissue is very great, the production of androsteron is now assured in plentiful supply. Also when this is partially hydrogenated it is converted into the corresponding dihydro-derivative which is at least three times as potent as the naturally occurring substance.

From another sterol called stigmasterol which is readily obtained from corn oil, Butenandt has prepared a substance identical with the corpus luteum hormone and as a result has solved one of the greatest clinical difficulties. The structure and composition of this latter substance has also been clarified.

Hence we see that the body produces a whole series of closely related sex substances with varying physiological actions. The whole chemical picture of these has been completed in the last five years, their syntheses accom-



Department of The Canadian Dietetic Association

Conducted by
Kathleen Burns Guest, B.A.

President Elect
The Canadian Dietetic
Association



plished and moreover relatively simple substances found which will imitate their reactions physiologically and may be used as therapeutic agents instead of the complex internal secretions themselves.

Of corresponding importance and interest is the advance made during the last decade in our conception of the composition and role of the vitamins in nutrition. Once more, due to improved chemical technique, it has been possible to purify these substances occurring as they do in infinitesimal amounts. As a result the organic chemist has established the structure of most of them and several have been synthesized. In the near future we can expect to have all these accessory food substances produced commercially in adequate quantities and in such a form as to ensure their stability over a period of years.

The structure of vitamin A and its relation to carotene has been established and it has been prepared almost pure and in a concentration so great that one thousandth of a milligram will cure a guinea pig.

In 1935 important advances in our knowledge of the B group of vitamins were made. The constitution of B₁ has been determined while that of B₂ has been established by synthesis. So far nothing has been found out about the composition formula of the anti-pelagra factor B₆.

One of the most striking pieces of organic synthesis during the last two years was that of vitamin C from galactose, one of the constituents of milk sugar, by Haworth and Hirst with their colleagues at Birmingham. Knowledge of this sort would have saved untold suffering during the past centuries when scurvy ravaged the inhabitants of northern countries as well as all those whose vocation took them to sea.

During this same period, the structure of ergosterol has been fixed and its derivative vitamin D obtained in pure crystalline form with a potency of four hundred thousand times that of good cod liver oil.

As a result of all this intense study of the vitamins by the chemists, it is now possible to study accurately the effects of various food deficiencies, the physiological action of each vitamin, the amount required for the maintenance of perfect health and the advantages or disadvantages accruing from the ingestion of massive doses.

In the light of the last ten years, a close collaboration of the medical scientist and the chemist offers great hope for the solution of many of the ills that at present affect the human race.

Book Review

"NURSING AS A PROFESSION." By Esther Lucile Brown, Dept. of Statistics, Russell Sage Foundation, 1936.

This book reflects the analytical trend of today in the nursing world. Through the efforts of the Russell Sage Foundation this monograph, which deals with nursing as a profession, has been made available for nurses and lay people. Under one cover the essential points in each survey of nursing which has been made in the United States is at hand in a condensed form. It is a unique collection of statistics which should prove valuable to directors of nursing, instructors and others interested in the subject. Copies now available 75c., Russell Sage Foundation, New York.

ALOCOL

(Colloidal Type of Aluminum Hydroxide)

(in the treatment of diseases of the stomach and intestines)



Alocol allows of antacid therapy in a particularly effective, safe and reliable form, and replaces with advantage mixtures composed of sodium bicarbonate, magnesia, bismuth, etc. It does not determine any unpleasant secondary reactions, even when taken in strong doses and over a long period of time. The powerful anti-acid effect of "Alocol" is more mechanical than chemical in nature. It acts by absorbing excess of hydrochloric acid, thus facilitating its elimination. It promptly relieves pain and being non-absorbable is free from toxic sequelae.

Samples for clinical purposes on request. Simply mail this coupon.

A. Wander Limited,
Elmwood Park, Peterborough, Ont.

Dept. H.C. 11

Please send me a clinical sample of Alocol. Evidence of professional standing is enclosed.

Name

Address

City Prov.....

Hospital and Institutional CROCKERY, SILVER and GLASSWARE

Distributors for

JOHN MADDOCK & SONS, LTD.,
ENGLAND

We specialize in Institutional Equipment and sell direct. May we send you quotations on any of the above lines you may require?

British and Colonial Trading Co. Limited

284-6 Brock Avenue - TORONTO

HOSPITAL LIBRARIES

*With Special Reference to the Work Done by the McGill Alumnae and the Royal Victoria Hospital.**

By **INEZ H. BAYLIS,**

Librarian-in-Chief, Royal Victoria Hospital, Montreal

SOMEONE has said that books are for pleasure, decoration and knowledge. You will notice that pleasure is put first; however, books will not only do that but will also educate and, in many cases, have the power of changing a whole life. Opportunities are many for librarians but, if we consider the other word "hospital," think of how much training lies behind those words. It means not only the medical profession, doctors and nurses, but the medical laboratories, dietitians, and, of course, the most important, the sick.

The great cry of librarians in the recent years of the depression has been for more books and libraries for the use of the unemployed; much has been written also on the resultant increase of circulation which has certainly been a wonderful thing to help those who are underprivileged; in a hospital, however, you have not only the unemployed but the unemployed who are sick. Books in the hospital will have not only the same value as they would have if drawn from a library for general use, but they also have their therapeutic power. Books are now considered to have a real curative value. David Grayson's book "Solitude" was written when he himself was in the hospital and in it he says that everything is taken from a man when he enters a hospital except his mind, but his mind can be kept employed by reading books that will help him escape from his troubles.

Bibliotherapy

Bibliotherapy is a subject on which lectures are, or should be, given to the nurses and other people in the hospital library. Books are not only given out for pleasure but are given as a medicine. Therefore, to work in a hospital library one not only must have the knowledge of library technique as well as of the books themselves, but some study must be made of certain subjects in medicine. In this way the hospital librarian can better work with the doctors and nurses by studying the patient and giving the right book. In some hospitals in the United States some doctors have the habit of regularly giving a prescription for books. This is a point which has been discussed with some of the leading medical men of Canada, but, after a great deal of thought, they have come to the conclusion that it is better for the librarian to give out what she thinks is best, as, in many instances, if the wrong book be given, such may not cause harm but may give the doctors more information concerning the patient. For instance, a patient, concern-

ing whom the doctors were in doubt as to whether or not the case was mental, was given, at the request of the nurse, a simple story by Miss Montgomery. Before the librarian had left the bedside of the patient, the latter was in hysterics; the first word she had seen in Miss Montgomery's book, as you have surmised, was "love." In that way the doctors were able to find out the cause of her trouble, although she would not tell them directly.

Most hospital librarians have for some time been connected with the American Library Association of which you will all probably become members. There is a regular committee of hospital librarians and, in the past ten years or more, considerable research work has been done by them as well as the publication of books and other matter on the subject. A new book on the subject of Hospital Librarians will appear shortly. At all the conferences there is a real Round Table for Hospital Librarians and, at the one held in Montreal in 1934, we had at our meeting 88 persons from every part of North America. We are connected also with another big organization, the American Hospital Association. After a great struggle a regular committee was formed of Hospital Librarians, although for many years, we had been members of the Association. At present they are making a study of all the librarian work that is being done in the United States and Canada.

Before the war, the number of real hospital libraries in Canada could have been numbered on the fingers of one hand, although there might have been in some hospitals what was called a library; i.e., a few discarded books. In



Interior of Patients' Library at Royal Victoria Hospital, Montreal.

*Address to the Library School of the University of Toronto.

the past twenty years the work has so advanced that a hospital library is now considered one of the most important departments of every hospital.

Types of Libraries

Patients' libraries are classified under three headings: firstly, the Independent Unit, a regular department of the hospital; secondly the "Group System" which includes the work done by the public libraries in supplying books to the hospitals; thirdly, the Volunteers. Although none of us working in the Royal Victoria Hospital, or in any of our other work, receive salaries, we were classified in the first group, the Independent Unit. To this we have been opposed, as our work is voluntary.

The McGill Alumnae Libraries

Early in 1917, when our wounded soldiers were coming back, McGill Alumnae Society decided to organize, finance and conduct libraries in all the military hospitals opened in the district of Montreal. Nine libraries of various sizes were thus conducted by the voluntary workers, all of whom were women graduates of McGill University. The thousands of dollars necessary for this work was raised by the Society in various ways. Many veterans came back with tuberculosis and for these we opened two libraries in the sanitariums in the mountains. Libraries were given, after consultation with doctors, to one of our Settlements in the city, although some people entertained the erroneous fear that infection is carried in books. This has been disproven experimentally.

At present all the war veterans in the district of Montreal are in one large hospital, St. Anne de Bellevue. The library is still financed by the McGill Alumnae Society, the librarian being paid by the government. In this library are over 5,000 books and all the latest magazines; the latter are in their regular covers on the reading table and writing material is on the desk for the use of the patients. A visit to this library is the reward to many of the mental cases for having followed the doctor's instructions. As all the tuberculosis patients are confined to one wing, they have a special reading room with about 1,000 books in daily use.

In 1920 one of the large military hospitals in the city was closed. Knowing that a library should be in every civilian hospital, an offer was made to donate this library to such a hospital, provided certain stipulations concerning housing, care and renewals be met. As a result, this library, including all the furniture, was donated to the Royal Victoria Hospital. The voluntary staff offered to carry on the work for two months until paid hospital librarians be appointed but, instead of two months, the voluntary staff is now just completing its fifteenth year in this hospital library and will probably continue that way as long as the present workers are there.

Until January, 1931, the person in charge of all the



Librarians at the Royal Victoria Hospital distributing books to patients.

work in the military hospitals and the Royal Victoria Hospital was appointed by the McGill Alumnae. After consultation with the Society and the Superintendent of the Royal Victoria Hospital, it was decided that the appointment of the Librarian-in-Chief should be made by the Hospital Board of Governors. (Miss Baylis has been in this position since the organization of the service.—Ed.)

Duties of Workers

I have a committee of ten persons, each having charge of some department of the work: two look after cataloguing; two mend books (the mending is done in the same way as in the Toronto Public Library), and other such duties. There is also a staff of 35 volunteers, each one of whom has to be on duty one set day of the week. At least three are on duty every day—some days as many as six. The regular schedule is made up at the beginning of each year. Congenial workers group together and arrange so that the same workers visit the wards each week, and in this way they become acquainted with the patients who are there for any length of time. One of the workers remains in the library and one of her duties is to loan books to any of the people working in the hospital, so that everybody from the charwoman to the Superintendent has the same privilege as the patient of borrowing books without cost, except for a fine of two cents a day for overdue books. This is done more for the psychological factor than for the money received, although we took in last year about \$15.00 in fines.

Those workers who are on duty each day take, on the wagon, books of every description twice a week to every one of the 650 patients. From our 3,000 books on the shelves, books of all types are placed on the wagon, which holds about 150 books, and taken to the wards. Of course fiction occupies most space—new books are always in demand. Children's books are picked from a special cupboard; foreign books, which we have in no less than fifteen languages, are a great blessing to the poor sick ones who are away from their native land. We are striv-



The Best By Test

STEVENS SURGEONS GLOVES

New prices now available.

Write for samples and prices.

A saving guaranteed.



STEVENS COMPANIES

TORONTO WINNIPEG CALGARY EDMONTON
LONDON, ENG.

No Matter —

whether Fall, Spring, or Summer, you
will find Torfeaco Products desirable
lines for your hospital.

Hand tufted Candlewick Bed spreads,
for cleanliness and service,

**COMFORTERS, DRAPES,
PILLOWS and
FANCY CUSHIONS**

**The Toronto Feather & Down Co.
Limited**

2154 DUNDAS ST. WEST
TORONTO, CANADA

ing, at present, to add one more language to our collection, Ukranian. Some of the light fiction is always placed in the wagon. Books of travel, biographies and occasionally poetry and essays are also wanted by the patients.

How is it possible to obtain such a staff of voluntary workers? It is the desire and ability of many to help the sick in this way and, during the past few years, we have had a waiting list of workers. However, in the summer months we have found it an impossibility to have the work done steadily by volunteers, although I should make the definite statement that, since the library was donated in 1920, on no day except Sunday, Christmas and New Years, have the regular workers not been on duty; therefore, in the summer months we have a paid worker.

Cataloguing

Our books are catalogued on a system, modified from that used by the McGill University Library. A card, which belongs to each book that has left the shelves, is kept on file in a set place, according to the date on which it is due, and, if overdue, according to the year in which it was given out. All the books are arranged on the shelves alphabetically according to the author. A record is kept of the number of books given out and returned daily, so that at the end of the year we can state exactly our circulation and average; at present it is about 19,000 per year. In the year 1934, out of the grant of \$300 given by the hospital for books, 179 books were bought. We also added to the shelves 548 donated books. Our number of lost books for the past year was 197. A locked box with a chute in it, for the return of a borrowed book, is in the library, in every public ward and on every floor of the private pavilion; only those working in the library handle the keys for these boxes. Thus, we have been able to some extent to overcome the difficulty of lost or passed-on books. There is also, in connection with the Committee, the "Hospital Library Book Club," which meets at stated times of the year, at which lectures are given by prominent people on some literary or medical subject, and where all those interested in the work may become better acquainted over the teacup.

North Western Saskatchewan Holds District Convention

On September the 23rd, the first hospital conference for the North Western region of Saskatchewan was held at Wilkie. Welcomed by J. F. Crosby, Chairman of the Wilkie Union Hospital Board, the delegates heard Dr. J. Jardine, who endorsed the hospitalization plan developed in the rural municipalities and provided by a two mill taxation. Following luncheon the Deputy Minister of Public Health, Dr. R. O. Davison, spoke on various aspects of health matters, including the operation of the cancer clinics. There was some discussion as to whether or not patients are unduly retained in public hospitals and also the admittance of emergency cases from outside municipalities.

Mr. D. Burns, Secretary-Manager of the Eston Hos-

The CANADIAN HOSPITAL

pital, conducted a round table discussion, which produced much spirited discussion. Various views were expressed with respect to municipal relationships, patients' charges, Ladies Hospital Aids, local purchasing, local help, etc. Miss E. Morrison, Matron of Rosetown Hospital discussed various nursing problems. Sister M. Cita brought to the attention of the meeting the dire financial straits of St. Joseph's Hospital at Macklin, which is an entire relief area. Eight hundred patients had been admitted during the past year, and it was proving exceedingly difficult to carry on. Some of the problems of Lloydminster, which is part in Alberta and part in Saskatchewan, were reviewed by Mr. E. G. King.

An enjoyable banquet, arranged by the Board of Trade, was held in the evening, when short addresses were made by Mr. R. E. Nay, Mr. Joseph Needham and Dr. Davison. There was also a delightful musical programme.

The officers of the newly formed North Western Hospital Association are as follows: Honorary President, Dr. J. M. Uhrich; Honorary Vice-President, Joseph Needham, Unity; President, F. R. Beggs, Wilkie; Vice-President, D. Burns, Eston; Secretary, T. A. Dinsley, Wilkie; Committee: A. Nelson, Lloydminster; A. Esson, Rosetown; D. McKinnon, Kerrobert.

Calgary Municipal Hospitals Survey Made Public

A Survey, of the Calgary General Hospital and the Isolation Hospital made early in the summer by Dr. G. H. Agnew of Toronto, was released to the press following the receipt of the report in September. In a rather voluminous report, Dr. Agnew was of the opinion that the present General Hospital is so obsolete that no remodelling or extension can be considered as anything but a temporary and only partially satisfactory expedient. The erection of an entirely new 300-bed plant at a cost of \$1,250,000 was recommended as the only real solution to the difficulty. In view of the financial situation at the present time and the likely inability of the raising of this money in the immediate future, various other expedients were recommended, including the removal of nurses from the east wing of the hospital and the use of the Perley bequest for a new obstetrical building. The utilization of interns was recommended and a definite re-organization of the Records Department. Various recommendations with respect to the administration were made. After a careful check and comparison of the personnel employed, it was found that, considering the lack of facilities and the inconvenience of layout, the hospital was not overstaffed.

Mr. W. R. Chenoweth Honoured

We are informed that Mr. W. R. Chenoweth, President of the Canadian Hospital Council and Superintendent of the Royal Victoria Hospital, Montreal, was named chairman of the Administration Section of the American Hospital Association.

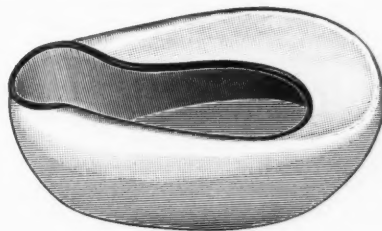
NOVEMBER, 1936



**"HYGIENIC"
and
"SANITARY"**

ENAMELED WARES

The most extensive line of Hospital Utensils—can be secured through your nearest Hospital dealer.

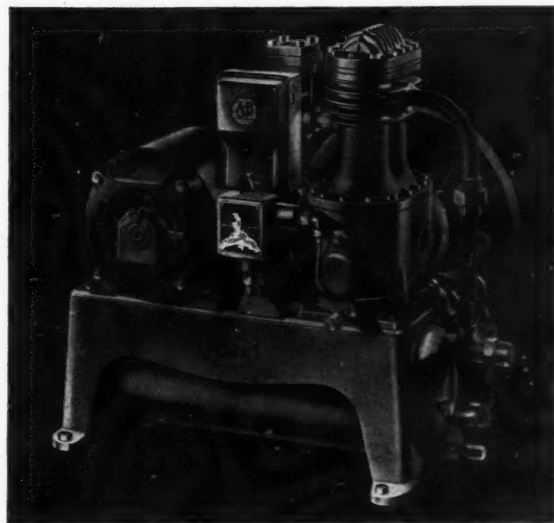


Canadian Office: 54 Wellington St. W.
WRIGHT & CO. Toronto 2, Ontario

L. D. CAHN CO.

Established 1900

81 Spring Street New York City



"YORK" Freon Units are particularly suitable for any Hospital Air Conditioning.

The New Safest
Odorless
Non-poisonous
Non-inflammable

Refrigerant

SUPPLIED AND INSTALLED BY

Canadian Ice Machine Company, Limited

Montreal — Toronto — Winnipeg — Edmonton — Vancouver

Your Editor at the American Hospital Association Convention

AS usual your editor breezed along to the American Hospital Association Meeting by automobile, the word "breezed" being used to designate the fact that he started his trip a day or so late and spent many waking hours that should have been sleeping hours attempting to gain time. However, Sunday evening, September 27th, found him rolling into Cleveland through sheets of rain and attempting to make left-hand turns by turning to the right amid wild and rushing traffic. Despite arguments with policemen and pedestrians to say nothing of taxicab drivers he arrived at the headquarters' hotel in time to partake in the entertainment portion of the American College of Administrators' program. It is not hard to visualize that any form of entertainment would be very welcome after a two thousand mile drive and so it was with a feeling of peace and relaxation that he sank into a chair and listened to the rapid fire, humorous comments of Strickland Gillilan, the well known lecturer, who was pouring high degree wit into the microphone and to the members, fellows and guests of the College of Hospital Administrators.

The first people your editor met were Dr. and Mrs. S. R. D. Hewitt of Saint John, N.B., and Mr. and Mrs. W. R. Chenoweth, Royal Victoria Hospital, Montreal. This started things going nicely and when, as soon as the speaker had finished, Dr. Harvey Agnew sauntered along, complete with his ever present smile and flower, we began to feel really at home. It wasn't long before Dr. Malcolm T. MacEachern joined the party and tried to explain to us that he had been too busy to write an article for the October issue of "The Canadian Hospital." As according to his statement he had only been averaging sixteen working hours a day on a seven-day week we really couldn't see that he had a very good excuse. After awhile a party of us adjourned to Dr. Agnew's room to get a private showing of some of his paintings in miniature that we thought he was going to exhibit in the Hobby Booth, but he pulled a fast one over us for these were not the ones that he exhibited. There for awhile we listened to Dr. Rufus Rorem holding forth on group hospitalization and that boy can name so many figures and quote statistics that one almost feels like becoming a subscriber there and then.

After a good night's sleep we got to the Convention Hall bright and early and fell in line waiting for registration. Your editor spent his usual few minutes explaining the difference between Saskatoon and Saskatchewan to the office group but eventually was permitted admission as a fully accredited delegate. Before getting out of the registration section we acquired sufficient literature to constitute a month's reading so it was necessary to hide it in an inaccessible spot or carry it. The former was decided upon and so, with free hands, we entered the upper exhibit hall containing in actuality about two hundred booths, though at first glance it seemed to be nearly a thousand, with everything looking smart and polished. We made a quick tour of the exhibits on this floor and during

the process met many old friends including Canadians from nearly every province. This floor was so large that by the time we were half the way round we were very glad to receive, as gifts, walking sticks which made the going somewhat easier.

Eventually we got down to the lower exhibit floor which was equal in size and quality to the upper floor and it was in this section that we came across the Hobby Booth under the supervision of Mr. Worth L. Howard of Akron City Hospital. It was at this time we discovered Dr. Agnew's deception of the night before, for we found a number of his adult-sized paintings on the wall. These paintings can only be described as excellent by your scribe but the word covers beauty, technique and all that goes with it and it made us feel very proud of G.H.A. Right under the paintings was a very smart and professional looking Duncan Phyfe mahogany table that would have been a credit to any home and to our pride and joy we found out that it had been made by Dr. S. R. D. Hewitt. Your editor had taken a few photographs down hoping to be able to show them with a reasonable amount of pride but the next exhibit he saw brought him back to earth with a bang for it was none other than a series of the world-famous photographic studies by no less an expert than Dr. Max Thorek, of Chicago. After this shock he quickly looked at the other excellent exhibits by various administrators and quietly stole away for lunch (but fortunately left his excellent photographs, which were much admired by the many visitors—Sub-edit.)

Throughout the week as many sessions as possible were attended as were the various social functions, the latter being a little hard on a good night's sleep but almost without exception we were able to snap back into shape for the next morning's sessions. As an added attraction at Cleveland we had the Great Lakes Exposition but although it had many excellent features, generally speaking, it failed to rouse your editor's enthusiasm with the exception of the Hospital Day Celebration held on Friday evening, which was excellent in every way. There was a sufficient number of Canadians at the meeting to enable us to conduct two informal sessions—one of the Editorial Board and the other of the C.H.C. delegates or alternates who happened to be in Cleveland. Among those present other than the ones already mentioned were Dr. John C. Mackenzie, General Hospital, Montreal; Mr. A. J. Swanson, Toronto Western Hospital; Miss Anne McLachlan, Canadian Hospital Council, Toronto; Miss Ruth C. Wilson, General Hospital, Moncton, N.B.; Mr. R. Fraser Armstrong, General Hospital, Kingston; Mr. H. A. Rowland, Riverdale Isolation Hospital, Toronto; Dr. Gerald S. Williams, Winnipeg; Dr. Geo. Stephens, Winnipeg; Dr. W. H. Delaney, Jeffrey Hale Hospital, Quebec; Rev. Geo. Verreault, Ottawa; Dr. H. S. Stalker, Vancouver General Hospital and Mr. L. P. Goudy, Saskatoon. Many suggestions for the future of the Journal and of the Council were received.

What Should a Private Room Patient Expect of a Hospital

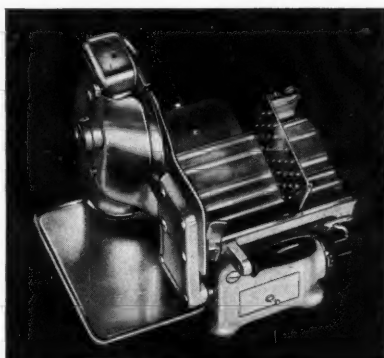
- A. —
- B. Meals, dietetically suitable and attractively presented.
- C. —
- D. —

(The above is from an article by Mr. C. J. Decker, Superintendent of the Toronto General Hospital, published in the October issue of The Canadian Hospital.)

Mr. Decker classes second in importance, the manner in which food is served by the Hospital.

Of course, the Toronto General Hospital is equipped with suitable BERKEL Slicers for Meat, Bread, Vegetables and Fruits.

BERKEL
A
WORLD
WIDE
ORGANIZATION



THOUSANDS
IN USE
IN
INSTITUTIONS
THE WORLD OVER

A BERKEL Slicer prepares the sliced meat, for instance—hot or cold—in such a manner that fibres are properly severed, with the result that meat is tender and palatable and easily digested. Even and uniform slices also make a more attractive serving—and on top of that, there is a decided economy because waste and left overs are practically eliminated.

Bread sliced with a hand knife does not attract attention. Machine sliced bread—neat and uniform—enhances the attractiveness of a meal—and a BERKEL Slicer cuts more slices from a loaf because the slices are uniform and there are no “heels” left over.

A BERKEL Slicer also slices cheese, tomatoes, cabbage, oranges, lemons, etc., etc. Machine sliced food is more appetizing, and because the thickness of each slice is automatically controlled, a considerable amount of food is saved.

BERKEL manufactures a full line of slicing machines—one to suit every institution large or small. We invite an opportunity to demonstrate our equipment without the least obligation. We will gladly recommend the size or type machine most suitable, and let you make a test from the standpoint of service and Economy.

BERKEL SLICERS AS LOW AS \$160.00

BERKEL PRODUCTS CO. LIMITED

533-535 COLLEGE STREET, TORONTO

9 BARTON STREET EAST,
HAMILTON

715 NOTRE DAME STREET W.,
MONTREAL

382 DONALD STREET,
WINNIPEG

Ontario Hospital Association Convention

Unqualified Success

IT is no exaggeration to say that the 13th annual convention of the Ontario Hospital Association, held in Toronto Oct. 21-23, was the most successful in its history. A record registration of nearly 700 with over 400 at the banquet was indeed encouraging to the officers of the association, and must have compensated, in part at least, for the energy and thought expended in preparing such an interesting and thought provoking programme.

The Honourable Dr. J. L. Simpson, Ontario Minister of Education, speaking at the first luncheon, stressed the need for medical examinations of hospital personnel. While he considered the standards of young people entering hospitals should be kept up, he suggested that training along more practical lines would be more valuable. At an open session of the Nurses' Section, Miss Esther Roth-ray stressed the value of psychiatric training for nurses. On account of the discontinuance of training schools in these institutions, there may be a dearth of nurses properly trained to care for mental patients, unless a few undergraduate schools be maintained, such to give postgraduate and affiliate courses, as an interchange of nurses between mental and general hospitals would be an advantage.

Miss Ethel Johns, Editor of the Canadian Nurse, speaking on the "Training of Executives while on Duty," mentioned that, when she trained, she *learned on the job*. Staff conferences benefit those who give and those who take, and make the wheels of the hospital revolve more smoothly. A programme of staff education would benefit the hospital through improved service to patients, and, on the other hand, would improve the nurse as an individual. Staff education, under direction, through a process of service and education, exchange of nurses, lectures, and the indirect method of education exemplified in debate and demonstration, as well as competition, were advocated. Field work is also essential, but duplication of work done under other auspices is to be avoided. A demonstration of the Centralization of Supplies was given at the new Toronto Western Hospital by Miss E. Boulton.

At the special session conducted by the Hospital Aids Association at which Mrs. Oliver Rhynas presided, Miss A. E. Bingeman, Lady Superintendent, Freeport Sanatorium, Kitchener, Ontario, gave a very interesting summary of the service rendered the above institution by the Waterloo County Women's Auxiliaries, with suggestions as to the way groups might organize in other communities. Controller Nora Henderson, of the City of Hamilton, discussed "Citizenship and Philanthropy," and warned the

delegates "not to mop up but to fix the leak," as it was easier sometimes to give first aid than to wrestle with the complicated problems of our economic life.

The Honourable Dr. J. A. Faulkner, Minister of Health for Ontario, felt that the Government, of necessity, had to economize, where possible, but not to the detriment of hospitals. In the administration of a hospital more than money was required, and he commended the Women's Aids and stated that such an organization should be in every municipality, whether there was a hospital there or not.

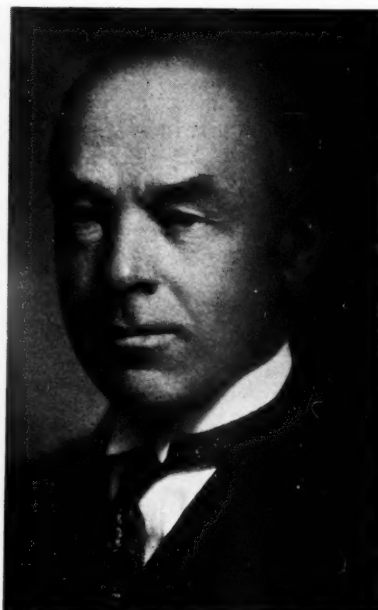
Mr. David Williams, who recently completed 60 years association with his newspaper in Collingwood, presided at the Trustees session. Mr. Geo. B. Edmonds, LL.B., well-known insurance authority, cited cases that prove liability insurance should be carried by hospitals. Mr. Fraser Armstrong, Superintendent of the Kingston General Hospital, spoke briefly on "Has an Employment Retirement Plan a Value for Hospitals," and showed definitely that it had.

Dr. F. W. Routley, who, as Secretary-Treasurer of the Ontario Hospital Association, was largely responsible for its successful meeting, took time off to discuss "What is the

Responsibility of the Hospital for Medical Service for Municipal Patients in General Wards?"

Dr. K. G. Gray, LL.B., Ontario Department of Health, in discussing "What Constitutes an Indigent Patient?" admitted that, as yet, we have no definition for the word "indigent," and each case has to be decided on its own facts. It is, apparently, necessary to prove that the patient is one of "scanty means or needy and poor."

Rev. Father Schwitalla of St. Louis, among other subjects, spoke briefly on Group Hospitalization and Administration Standards. With reference to Group Hospitalization, it was his opinion that a common ground had now been reached between hospitals and physicians, a policy of free choice of doctor and of hospital being acceptable to the profession. He mentioned that, in standardizing our work, we should not overlook the necessity of preserving the soul of the institution. This danger might be re-echoed in curricular standards. Mr. N. D. Boadway, Collingwood, dealt with "Hospital Annual Reports and What Information Should They Contain?" Mr. J. A. Schinbein, Chairman of Hospital Contracts, Listowel, in his address on "Are Annual Contracts Providing Hospital Service for Stated Periods Advantageous?" stated that, as experienced in Listowel, they were financially so to the hospital,



J. H. HOLBROOK, M.D., President,
Ontario Hospital Association.



in addition to developing a spirit of local interest in the institution.

Dr. Harvey Agnew stated that "Group Hospitalization," if properly developed and adequately safeguarded, is fundamentally sound. It is the best way yet devised of meeting the problem of hospital costs for the patients of moderate means, but such costs represent only one portion of the total cost of sickness. Free choice of doctor, in keeping with staffing policies, should be provided, and the interests of the local medical profession, pathologists and radiologists should be protected. As the provincial medical association and certain local societies may shortly sponsor voluntary plans, which may include hospitalization, hospitals considering plans should *co-operate* with the local society to avoid conflict of plans.

Mr. Chester Decker, Superintendent of the Toronto General Hospital, cited "Some Hospital Problems" with which, undoubtedly, the public are not familiar, but which confront the hospital administrator endeavoring to give adequate nursing and medical care to the sick. He referred particularly to costs.

F. J. Conboy, D.D.S., Toronto spoke on "The Place of Dentistry in the Hospital," and made a plea for this phase of preventive medicine and research, with resultant benefit to the patients. The establishment of more dental departments was urged.

The annual Banquet, at which the President, Rev. Father Verreault, presided and gave his Presidential Address, was well attended and the guest speaker, the Honourable Mitchell F. Hepburn, Prime Minister of Ontario, offered full co-operation in dealing with the financial problems confronting the hospitals, but asked the hospitals to consider the Government's predicament. After a most acceptable musical programme by Mrs. (Dr.) McHugh of Weston and Dr. Harvey Doney, the remainder of the evening was devoted to dancing and bridge.

Meeting with the Ontario Hospital Association were Women's Hospital Aids, Occupational Therapists and Medical Record Librarians. A feature of the convention was the tremendous commercial and educational exhibit, which completely filled the large exhibit hall at the Royal York. Exhibitors reported a definite increase in purchasing interest this year.

The Officers appointed for the ensuing year are: Hon. President, Dr. D. M. Robertson, Ottawa; Hon. Vice-President, Rev. Georges Verreault, O.M.I., Ottawa; President, Dr. J. H. Holbrook, Hamilton; President-elect, A. J. Swanson, Toronto; 1st Vice-president, Dr. W. Dobbie, Weston; 2nd Vice-president, David Williams, Collingwood; Secretary-treasurer, Dr. Fred W. Routley, A. McL.

List of Exhibitors

Arrow Bedding Limited	Toronto
Bauer & Black Limited	Toronto
The Berkel Products Co. Ltd.	Toronto
The Canadian Fairbanks-Morse Co. Ltd.	Toronto
The Canadian Feather & Mattress Co., Ltd.	Toronto
Canadian Kodak Co., Limited	Toronto
J. & J. Cash Inc.	Belleville
Corbett-Cowley Limited	Toronto
Davis & Geck, Inc.	Brooklyn
Delany & Pettit Limited	Toronto

NOVEMBER, 1936



MAPLE LEAF ALCOHOL

Medicinal Spirits	Rubbing Alcohol
Iodine Solution	Denatured Alcohol
Absolute Ethyl B.P.	Anti-freeze Alcohol

Adapted to Hospital Services. Tested precisely from raw materials to finished products. All processes according to Dominion Department of Excise Specifications and the British Pharmacopoeia. The co-operation of our Research Laboratories is available at all times. Graduate chemists supervise this division which is conducted for the benefit of all Maple Leaf Alcohol users.

CANADIAN INDUSTRIAL ALCOHOL COMPANY, LIMITED

Montreal Corbyville Toronto Winnipeg Vancouver

CANADIAN LABORATORY SUPPLIES LIMITED



Canada's Leading Laboratory
Supply House



Headquarters in Canada for Laboratory Apparatus
and Chemical Reagents

32 Grenville St. - Toronto 5, Ont.
296 St. Paul Street West - - Montreal, Que.

Sydenham Hospital Courses of Instruction for Technicians

X-Ray (Radiology) Three months instruction in X-ray technique, including X-ray therapy service.	Laboratory Eight or six months course in laboratory technique.
---	--

Electrocardiography One month instruction in electro-cardiography.	Basal Metabolism One month instruction in basal metabolism.
--	---

COMBINATION COURSES consisting of

1. Radiology and Laboratory.
2. Radiology, Laboratory, Electro-cardiography and Basal Metabolism.

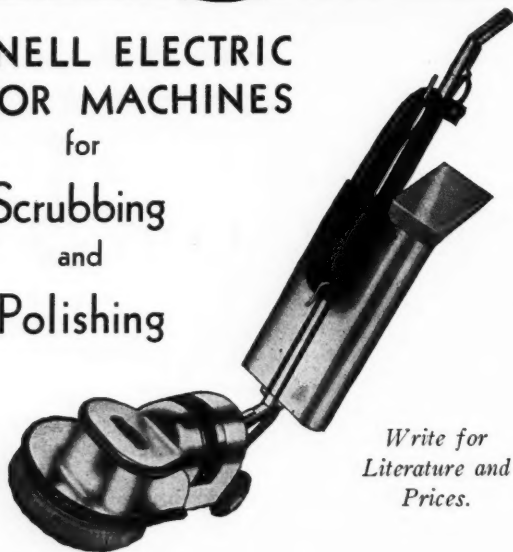
Those eligible are nurses, college or high school graduates. Classes form the first of each month.

For information write:
DR. A. S. UNGER, Secretary—Board of Governors
565 Manhattan Avenue, New York, N.Y.

RELIABLE **D-B** PRODUCTS

FINNELL ELECTRIC FLOOR MACHINES

for
Scrubbing
and
Polishing



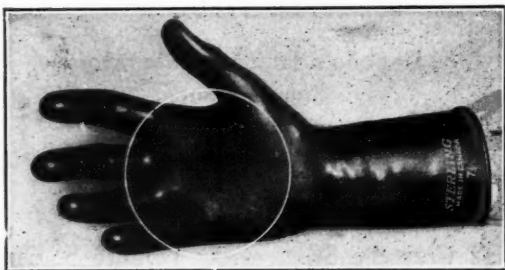
Write for
Literature and
Prices.



DUSTBANE PRODUCTS LTD. - Saint John - Montreal
Ottawa - Toronto - Winnipeg - Vancouver

Sterling Surgeons Gloves

"CANADIAN MADE - UNSURPASSED"



Permits Full Action of the Muscles

The perfectly fitting palm permits of free action of the muscles, normal blood circulation, and eliminates strain and fatigue. Surgeons usually prefer Sterling.

Sterling Rubber Company

LIMITED
GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

Down Bros. Ltd.	Toronto
Dunlop Tire & Rubber Goods Co. Ltd.	Toronto
The T. Eaton Co. Limited	Toronto
C. W. Gibbons	Toronto
Grand & Toy Limited	Toronto
The J. F. Hartz Co. Limited	Toronto
Huntingdon Laboratories of Canada Limited	Toronto
Hygiene Products Limited	Toronto
Ingram & Bell Limited	Toronto
Johnson & Johnson, Limited	Montreal
The Junket Folks	Toronto
The Metal Craft Company Limited	Grimsby
Semens-Reiniger (Canada) Ltd.	Montreal
Shirriff's Limited	Toronto
Silverwood's Dairies	Toronto
Simmons Limited	Toronto
The Robt. Simpson Co. Limited	Toronto
Smith & Nephew Limited	Montreal
E. R. Squibb & Sons of Canada, Ltd.	Toronto
Standard Tube Company Limited	Woodstock
Sterling Rubber Company Limited	Toronto
The Stevens Companies	Toronto
Stewart-Warner-Alemite Corp. of Canada, Ltd.	Belleville
Surgical Supplies (Canada) Limited	Toronto
The Swift Canadian Company	Toronto
Textile Products Company	Toronto
G. S. Trudell Co.	London
The Victor X-Ray Corporation of Canada Ltd.	Toronto
The Unaform Complete Bed	Grafton
Vi-Tone Company	Hamilton
A. Wander Limited	Peterborough
Wilmot Castle Company	Rochester
G. H. Wood & Company Limited	Toronto

Catholic Hospital Association of Ontario Holds Most Successful Meeting

WITH a registration which represented all but two of the Catholic Hospitals of Ontario, the Fifth Annual Convention of the Catholic Hospital Association held a most successful meeting at St. Joseph's Hospital, Sunnyside, Toronto, Ontario, October 19th and 20th.

The meeting opened in the Auditorium of the Nurses' Residence with the President, Mother M. Patricia, Superintendent of St. Joseph's Hospital, London, presiding.

The delegates were welcomed by His Excellency, Most Reverend James C. McGuigan, D.D., Archbishop of Toronto, and greetings were extended by Controller Wadsworth representing His Worship, S. McBride, Mayor of Toronto, and Doctor Vincent A. McDonough, representing St. Joseph's Hospital staff.

The President's address revealed the strong position of the Ontario Organization and stressed the value to Canadian hospitals of membership in the Catholic Hospital Association of United States and Canada with its international executive.

In an address on "Religious Influences in Schools of Nursing," Reverend F. J. Brennan, S.T.L., Vice-Rector, St. Peter's Seminary, London, and Editor of the "Catholic Record," emphasized the necessity of giving a proper place in the curriculum to a course in religion, taught by

The CANADIAN HOSPITAL

competent teachers and adapted to the learning capacity of the students and the spiritual needs of the future nurses. Father Brennan also stressed the necessity of remembering that the primary purpose of the School of Nursing is to educate young ladies for a profession, therefore this School should take its rightful place with other institutions of learning.

The morning session concluded with the report of the Secretary-Treasurer, Sister M. Norine, Superintendent of St. Michael's Hospital, Toronto; a report of the Canadian Nurses' convention held in Vancouver last June; and reports of the Standing Committees.

The afternoon session presided over by Sister St. Albert of St. Michael's School of Nursing, Toronto, consisted of a round table discussion led by Sister M. Henrietta, S.S.M., R.N., M.T., B.S.M.A., Educational Director and Instructress of St. Mary's School of Nursing, Kansas City, Mo., and Chairman of the Council on "Nursing Education of the Catholic Hospital Association of the United States." The main subjects dealt with were the "Proposed Curriculum for Schools of Nursing in Canada" and "The Development of Ward Teaching Methods."

At the Tuesday morning session Miss E. Kathleen Russell, B.A., R.N., B.Paed., Director of the School of Nursing, University of Toronto, spoke on her visit to England. Miss Russell in her most interesting address to the delegates spoke of the Origin and Function of the Florence Nightingale International Foundation. Miss Russell also said that one of the reasons for difficulties in nursing just now was the advancement in Medical Science leading to extension in Medical Practice. This has led to great extension in hospital construction and hospital service. At the same time great development in patient service, all of which has complicated the nurses' service and her training.

Doctor Harvey Agnew, Department of Hospital Service of Canadian Medical Association, spoke on "Weak Points in Hospital Administration," and Sister Helen Jarrell, M.A., R.N., Dean, St. Bernard's School of Nursing, Chicago, Ill., "The Necessity of Efficiency in the Hospital Personnel."

A most active and stimulating discussion on nursing education took place Tuesday afternoon with Sister Helen Jarrell presiding.

The report of the resolution committee and the election of officers concluded the meeting. The officers are:

President: Sister M. Monica, St. Joseph's School of Nursing, Hamilton, Ontario.

First Vice-President: Sister M. St. Joseph, St. Joseph's Hospital, Peterboro, Ontario.

Second Vice-President: Mother Aloysius, Hotel Dieu Hospital, Kingston, Ontario.

Third Vice-President: Sister St. Alban, Ottawa General Hospital, Ottawa, Ontario.

Secretary-Treasurer: Sister M. Norine, St. Michael's Hospital, Toronto, Ontario.

Executive Committee:

Mother M. Patricia, London, Ontario.

Mother Margaret, Toronto, Ontario.

Sister M. Flavian, Brockville, Ontario.

Sister M. Felicitas, North Bay, Ontario.

Sister St. George, Cornwall, Ontario.



Time Marches On!

And in its inexorable "putsch", with tractor-like tread ruthlessly obliterates styles, methods and traditions. But even if the "gold standard" vanishes, CHARACTER AND HONEST WORTH still survive.

These integral ingredients, coupled with the application of the latest developments of modern science and the most vigilant manufacturing supervision, keep C-I-L HOSPITAL SHEETINGS always in the leading position for QUALITY AND SERVICE.



THEY COST NO MORE THAN ORDINARY SHEETINGS.

C-I-L HOSPITAL SHEETINGS

Manufactured 100% by

CANADIAN INDUSTRIES LIMITED

"FABRIKOID" DIVISION
NEW TORONTO, ONTARIO

G & W

PHARMACEUTICAL

ALCOHOLS

HIGHEST QUALITY—BEST SERVICE

Whatever your requirements may be for Industrial, Pharmaceutical or Rubbing Alcohol, we can supply the type you need.

GOODERHAM & WORTS, LIMITED

INDUSTRIAL ALCOHOL DIVISION

2 Trinity Street, Toronto, Canada. Telephone: EL. 1105



**This Delicious Food-Beverage
CREATES APPETITE**

Besides being characteristically appetising, Vi-Tone's content of Vitamines B and B2 constitute it **appetite-creating**. To dietitians, whose chief work is to tempt tardy appetites and effect the nourishment of convalescents, Vi-Tone is a distinct boon.

VI-TONE
COMPANY - HAMILTON

Hear Buck Rogers every Friday, 5.15 p.m. For stations see local Radio Program.

A.C.S. Approved Hospitals of Canada

THE following list of approval hospitals is applicable as at October 1, 1936. The bed capacities as indicated include cribs and bassinets for the newborn. The asterisk (*) indicates provisional approval or that the hospitals so designated have accepted the minimum requirements for hospitals as laid down by the American College of Surgeons and are attempting to carry them out, but for lack of time or other reasons have not been able to complete the details necessary for full approval. A small number of hospitals have been removed from the list or lowered in rating because of failure to meet full requirements.

	ALBERTA	Bed Capacity
Banff		
	Banff Mineral Springs Hospital, (G), (Ch), (S)	50
Calgary		
	*Calgary General Hospital, (G), (Ci), (C)	215
	Central Alberta Sanatorium, (T), (P), (DH)	210
	Colonel Belcher Hospital, (G), (D), (DP)	130
	Holy Cross Hospital, (G), (Ch), (S)	280
Camrose		
	*St. Mary's Hospital, (G), (Ch), (S)	50
Castor		
	Our Lady of the Rosary Hospital, (G), (Ch), (S)	34
Drumheller		
	*Drumheller Municipal Hospital, (G), (M), (D)	95
Edmonton		
	Edmonton General Hospital, (G), (Ch), (S)	175
	Misericordia Hospital, (G), (Ch), (S)	195
	Provincial Mental Institute Hospital, (Me), (P), (DH)	520
	Royal Alexandra Hospital, (G), (Ci), (HB)	500
	University of Alberta Hospital, (G), (P), (U)	352
Hanna		
	*Hanna Municipal Hospital, (G), (M), (D)	51
Lamont		
	Lamont Public Hospital, (G), (Ch), (D)	78
Lethbridge		
	Galt Hospital, (G), (Ci), (D)	118
	St. Michael's General Hospital, (G), (Ch), (S)	121
Medicine Hat		
	*Medicine Hat General Hospital, (G), (Co), (D)	141
Ponoka		
	Provincial Mental Hospital, (Me), (P), (DH)	1500
Red Deer		
	*Red Deer Municipal Hospital, (G), (M), (D)	41
Stettler		
	Stettler Municipal Hospital, (G), (M), (D)	40
Vegreville		
	Vegreville General Hospital, (G), (Ch), (S)	60
	BRITISH COLUMBIA	
Essondale		
	Provincial Mental Hospital, (Me), (P), (DH)	2960
Kamloops		
	Royal Inland Hospital, (G), (Co), (D)	130
Kelowna		
	*Kelowna General Hospital, (G), (Co), (D)	70
Nelson		
	*Kootenay Lake General Hospital, (G), (Co), (D)	108
	NEW WESTMINSTER	
	Royal Columbian Hospital, (G), (Co), (D)	249
Tranquille		
	Tranquille Sanatorium, (T), (P), (DH)	336
Vancouver		
	Grace Hospital, (Ma), (Ch), (AB)	140
	St. Paul's Hospital, (G), (Ch), (S)	379
	Shaughnessy Hospital, (G), (D), (DP)	210
	Vancouver General Hospital, (G), (Co), (T)	1204
Victoria		
	Provincial Royal Jubilee Hospital, (G), (Co), (D)	346
	St. Joseph's Hospital, (G), (Ch), (S)	260
	MANITOBA	
Brandon		
	*Brandon General Hospital, (G), (Co), (D)	210
	Brandon Hospital for Mental Diseases, (Me), (P), (DH)	1435
Ninette		
	Manitoba Sanatorium, (T), (P), (SB)	290
St. Boniface		
	St. Boniface Hospital, (G), (Ch), (S)	472
	St. Roch's Hospital, (Is), (Ch), (S)	95
St. James		
	Deer Lodge Hospital, (G), (D), (DP)	250
St. Vital		
	St. Boniface Sanatorium, (G), (Ch), (S)	250
Selkirk		
	Hospital for Mental Diseases, (Me), (P), (DH)	825
The Pas		
	Hôpital St. Antoine, (G), (Ch), (S)	75
Winnipeg		
	Central Tuberculosis Clinic Hospital, (T), (P), (SB)	45
	Children's Hospital of Winnipeg, (C), (Co), (D)	105
	Grace Hospital, (G), (Ch), (M)	204
	Misericordia Hospital, (G), (Ch), (S)	225
	Municipal Hospitals—	
	King Edward Memorial Hospital, (T)	
	King George Hospital, (Is), (Ci), (C)	330
	St. Joseph's Hospital, (G), (Ch), (S)	125
	Shriners' Hospital for Crippled Children, (O), (F), (T)	32
	Victoria Hospital, (G), (Pr), (D)	120
	Winnipeg General Hospital, (G), (Co), (T)	635
	NEW BRUNSWICK	
Bathurst		
	*James Hamet Dunn Hospital, (G), (Co), (T)	47
Campbellton		
	Hotel Dieu Hospital, (G), (Ch), (S)	106
	Restigouche and Bay Chaleur Soldiers' Memorial Hospital, (G), (Co), (T)	50
Chatham		
	Hotel Dieu Hospital, (G), (Ch), (S)	62
Fredericton		
	*Victoria Public Hospital, (G), (Co), (T)	85
Moncton		
	Hotel Dieu de l'Assomption, (G), (Ch), (S)	92
	Moncton Hospital, (G), (Co), (T)	126
Newcastle		
	*Miramichi Hospital, (G), (Co), (T)	55
St. Basil		
	Hotel Dieu of St. Joseph, (G), (Ch), (S)	50
Saint John		
	Lancaster Hospital, (G), (D), (DP)	75
	Saint John General Hospital, (G), (Ci-Co), (C)	384
	Saint John Tuberculosis Hospital, (T), (Ci-Co), (C)	206
	St. Joseph's Hospital, (G), (Ch), (S)	119
St. Stephen		
	Chipman Memorial Hospital, (G), (Co), (D)	77
The Glades		
	Jordan Memorial Sanatorium, (T), (P), (C)	106
Tracadie		
	*Hotel Dieu of St. Joseph, (G), (Ch), (S)	32
Woodstock		
	Carleton County L. P. Fisher Memorial Hospital, (G), (Co), (T)	50

Editor's Note—Following the name of the hospital the type of institution is indicated by the first letter or letters in brackets, as follows: General (G); Mental (Me); Maternity (Ma); Tuberculosis (T); Isolation (Is); Children's (C); Industrial (In); Orthopedic (O); Pediatrics (P); Cancer (Ca).

The second key indicates ownership, as follows: City (Ci); Community (Co); Church (Ch); Dominion (D); Private (Pr); Province (P); Fraternal (F); Municipal (M).

The third initials indicate control, as follows: Directors (D); Sisters (S); Trustees (T); Department of Health (DH); Hospital Board (HB); Department of Pensions and National Health (DP); Commissioners (C); University (U); Managers (M); Governors (G); Advisory Board (AB); Sanatorium Board (SB); Board of Management (BM); Anti-Tuberculosis League (ATL).

NOVA SCOTIA

Amherst	
*Highland View Hospital, (G), (Ci), (C)	72
Antigonish	
St. Martha's Hospital, (T), (Ch), (S)	175
Dartmouth	
Nova Scotia Hospital, (Me), (P), (DH)	450
Glace Bay	
Glace Bay General Hospital, (G), (Co), (D)	104
St. Joseph's Hospital, (G), (Ch), (S)	100
Halifax	
Camp Hill Hospital, (G), (D), (DP)	250
Children's Hospital, (C), (Co), (BM)	80
Grace Maternity Hospital, (Ma), (Ch), (AB)	96
Halifax Infirmary, (G), (Ch), (S)	199
*Halifax Tuberculosis Hospital, (T), (Ci), (BH)	59
Victoria General Hospital, (G), (P), (DH)	250
Kentville	
Nova Scotia Sanatorium, (T), (P), (DH)	323
New Glasgow	
Aberdeen Hospital, (G), (Co), (T)	116
New Waterford	
New Waterford General Hospital, (In), (C), (T)	69
North Sydney	
Hamilton Memorial Hospital, (G), (Ch), (S)	57
Sydney	
*St. Rita Hospital, (G), (Ch), (S)	50
*Sydney City Hospital, (G), (Ci), (T)	108
Sydney Mines	
*Harbour View Hospital, (G), (Co), (T)	50
Truro	
Colchester County Hospital, (G), (Co), (T)	47
Wolfville	
*Eastern Kings' Memorial Hospital, (G), (Co), (T)	40
Yarmouth	
*Yarmouth Hospital, (G), (Co), (D)	70
ONTARIO	
Brantford	
Brantford General Hospital, (G), (Ci), (G)	204
Brant Sanatorium, (T), (Ci-Co), (G)	100
Chatham	
*Public General Hospital, (G), (Co), (T)	100
*St. Joseph's Hospital, (G), (Ch), (S)	97
Cornwall	
Cornwall General Hospital, (G), (Co), (D)	75
Hotel Dieu Hospital, (G), (Ch), (S)	150
Fort William	
Fort William Sanatorium, (T), (Co), (G)	100
*McKellar General Hospital, (G), (Co), (T)	226
Galt	
Galt General Hospital, (G), (Ci), (T)	80
Gravenhurst	
Muskoka Hospital for Consumptives, (T), (Co), (T)	450
Guelph	
St. Joseph's Hospital, (G), (Ch), (S)	112
Hamilton	
Hamilton General Hospital, (G), (Ci), (G)	833
Mountain Sanatorium, (T), (Co), (D)	600
St. Joseph's Hospital, (G), (Ch), (S)	185
Kingston	
Hotel Dieu Hospital, (G), (Ch), (S)	208
Kingston General Hospital, (G), (Co), (G)	400
Kitchener	
Freeport Sanatorium, (T), (Co), (D)	130
*St. Mary's Hospital, (G), (Ch), (S)	134
London	
Queen Alexandra Sanatorium, (T), (Co), (D)	550
St. Joseph's Hospital, (G), (Ch), (S)	300
Victoria Hospital, (G), (Ci), (T)	462
Westminster Hospital, (G), (D), (DP)	600
Niagara Falls	
*Niagara Falls General Hospital, (G), (Co), (T)	134
North Bay	
*St. Joseph's General Hospital, (G), (Ch), (S)	100
Oshawa	
Oshawa General Hospital, (G), (Co), (T)	97

Ottawa	
Ottawa Civic Hospital, (G), (Ci), (T)	600
Ottawa General Hospital, (G), (Ch), (S)	336
*Ottawa Protestant Children's Hospital, (C), (Co), (D)	55
Royal Ottawa Sanatorium, (T), (Ci), (BM)	215
*Strathcona Hospital, (Is), (Ci), (BH)	150
Owen Sound	
Owen Sound General and Marine Hospital, (G), (Co), (T)	93
Peterboro	
Nicholls Hospital, (G), (Co), (T)	90
*St. Joseph's Hospital, (G), (Ch), (S)	99
Port Arthur	
*St. Joseph's General Hospital, (G), (Ch), (S)	176
St. Catharines	
Niagara Peninsula Sanatorium, (T), (Co), (G)	85
St. Catharines General Hospital, (G), (Co), (G)	168
St. Thomas	
Memorial Hospital, (G), (Ci), (G)	107
Sandwich	
Essex County Sanatorium, (T), (Co), (D)	135
Sarnia	
*Sarnia General Hospital, (G), (Ci), (C)	128
Sault Ste. Marie	
*General Hospital, (G), (Ch), (S)	88
*Plummer Memorial Hospital, (G), (Co), (G)	50
Simcoe	
*Norfolk General Hospital, (G), (Co), (G)	51
Stratford	
Stratford General Hospital, (G), (Co), (T)	139
Sudbury	
St. Joseph's Hospital, (G), (Ch), (S)	230
Toronto	
Christie Street Hospital, (G), (D), (DP)	545
Hospital for Sick Children, (C), (Co), (T)	400
Lockwood Clinic Hospital, (G), (Pr), (D)	48
Mount Sinai Hospital, (G), (Co), (G)	102
Riverdale Isolation Hospital, (Is), (Ci), (DH)	425
St. Joseph's Hospital, (G), (Ch), (S)	367
St. Michael's Hospital, (G), (Ch), (S)	610
Toronto East General Hospital, (G), (Co), (G)	177
Toronto General Hospital, (G), (Co), (T)	1342
Toronto Western Hospital, (G), (Co), (G)	590
Wellesley Hospital, (G), (Pr), (D)	108
Women's College Hospital, (G), (Co), (D)	204
Welland	
Welland County General Hospital, (G), (Co), (T)	62
Weston	
Toronto Hospital for Consumptives, (T), (Co), (T)	576
Whitby	
Ontario Hospital, (Me), (P), (DH)	1600
Windsor	
Hotel Dieu of St. Joseph, (G), (Ch), (S)	128
Metropolitan General Hospital, (G), (Ci), (BH)	152
Salvation Army Grace Hospital, (G), (Ch), (M)	132
Woodstock	
Woodstock General Hospital, (G), (Co), (T)	87
PRINCE EDWARD ISLAND	
Charlottetown	
Charlottetown Hospital, (G), (Ch), (S)	85
Prince Edward Island Hospital, (G), (Co), (T)	101
Provincial Sanatorium, (T), (P), (SB)	60
Summerside	
Prince County Hospital, (G), (Co), (T)	70
QUEBEC	
Cartierville	
Hôpital du Sacre-Coeur, (G), (Ch), (S)	900
Gamelin	
St. Jean de Dieu Hospital, (Me), (Ch), (S)	4000
Hull	
*Hôpital du Sacre Coeur, (G), (Ch), (S)	137
Lachine	
*Lachine General Hospital, (G), (Co), (BM)	48
Lake Edward	
Lake Edward Sanatorium, (T), (P), (D)	200
Levis	
*Hotel Dieu du Coeur Agonisant de Jesus, (G), (Ch), (S)	156

Montreal

Alexandra Hospital, (Is), (Co), (G)	155
Children's Memorial Hospital, (C), (Co), (T)	330
Grace Dart Home Hospital, (T), (Co), (D)	140
Homeopathic Hospital of Montreal, (G), (Co), (G)	124
Hôpital de la Providence, (G), (Ch), (S)	75
Hôpital General de la Misericorde, (G), (Ch), (S)	688
*Hôpital General de Verdun, (G), (Ch), (S)	200
Hôpital Ste. Jeanne D'Arc, (G), (Co), (D)	264
Hôpital Sainte Justine, Pour Les Enfants, (C), (Co), (D)	500
Hôpital Saint-Luc, (G), (Co), (D)	436
Hotel Dieu de St. Joseph, (G), (Ch), (S)	350
Institut du Radium, (C), (Co), (D)	26
Jewish General Hospital, (G), (Co), (BM)	226
L'Hôpital Notre Dame, (G), (Co), (D)	630
Montreal Children's Hospital, (C), (Co), (G)	65
Montreal Foundling and Baby Hospital, (P), (Co), (G)	65
Montreal General Hospital, Central Division, (G), (Co), (BM)	530
Montreal General Hospital, Western Division, (G), (Co), (BM)	82
Pasteur Hospital, (Is), (Co), (D)	310
Royal Victoria Hospital, (G), (Co), (G)	845
St. Mary's Hospital, (G), (Co), (D)	236
Shriners' Hospital for Crippled Children, (O), (F), (T)	60
Verdun Protestant Hospital, (Me), (Co), (G)	1000
Woman's General Hospital, (G), (Co), (D)	225
Quebec	
Hôpital de l'Enfant Jesus, (C), (Ch), (S)	368
Hôpital du Saint Sacrement, (G), (Co), (D)	320
*Hôpital St. Francois d'Assise, (G), (Ch), (S)	164
Jeffrey Hale Hospital, (G), (Co), (G)	159
L'Hotel-Dieu de Quebec, (G), (Ch), (S)	375
Rimouski	
*Hôpital St. Joseph, (G), (Ch), (S)	77
Riviere-du-Loup	
*Hôpital St-Joseph du Precieux-Sang, (G), (Ch), (S)	94
Ste Agathe des Monts	
Laurentian Sanatorium, (T), (Co), (D)	250
Mount Sinai Sanatorium, (T), (Co), (D)	92
Ste. Anne de Bellevue	
Ste. Annes Hospital, (G), (Do), (DP)	625
Ste. Foy	
Hôpital Laval, (T), (Co), (S)	425

St. Hyacinthe	
L'Hôpital Saint-Charles, (G), (Ch), (S)	126
Shawinigan Falls	
Hôpital Ste. Therese, (G), (Co), (S)	100
Joyce Memorial Hospital, (G), (Co), (G)	42
Sherbrooke	
*Hôpital General St. Vincent de Paul, (G), (Ch), (S)	250
Sherbrooke Hospital, (G), (Co), (G)	88
Trois Rivieres	
*Hôpital Saint-Joseph, (G), (Ch), (S)	125
Hôpital Sanatorium Cooke, (T), (Co), (D)	150

SASKATCHEWAN

Canora	
*Hugh Waddell Memorial Hospital, (G), (Ch), (T)	50
Fort San	
Fort Qu'Appelle Sanatorium, (T), (P), (D)	315
Macklin	
*St. Joseph's Hospital, (G), (Ch), (S)	50
Moose Jaw	
Moose Jaw General Hospital, (G), (Ci), (G)	212
Providence Hospital, (G), (Ch), (S)	98
North Battleford	
Battleford Mental Hospital, (Me), (P), (DH)	800
Notre Dame Hospital, (G), (Ch), (S)	71
Prince Albert	
*Holy Family Hospital, (G), (Ch), (S)	145
Prince Albert Sanatorium, (T), (P), (ATL)	234
Regina	
Regina General Hospital, (G), (Ci), (G)	408
Regina Grey Nuns' Hospital, (G), (Ch), (S)	225
Saskatoon	
City Hospital, (G), (Ci), (G)	311
St. Paul's Hospital, (G), (Ch), (S)	200
Saskatoon Sanatorium, (T), (P), (ATL)	165
Swift Current	
*Swift Current General Hospital, (G), (Ci), (T)	53
Tisdale	
St. Therese Hospital, (G), (Ch), (S)	50
Weyburn	
Mental Hospital, (Me), (P), (DH)	1500
Yorkton	
*Queen Victoria Hospital, (G), (Co), (D)	95

Annual Meeting Association of Medical Record Librarians of Ontario

ON Thursday, October 22nd, the first annual meeting of the Association of Medical Record Librarians of Ontario was held at the Royal York Hotel, Toronto.

The morning session took the form of a business meeting and election of officers. The question of the desirability of a training school in Canada for medical record librarians was discussed and it was decided to leave the matter in the hands of the Executive Committee for further study before any definite steps were taken towards establishing such.

At the afternoon session Dr. W. J. Deadman, of Hamilton, addressed the members on the subject of "The Ideal Record Librarian." He stressed the fact that the ideal record librarian should keep the medical records in good shape at all times so that they would be available with the least trouble. He brought out many good points desirable in an ideal record librarian, among these a good knowledge of Latin, which would be a great help to her in understanding medicine; a thorough knowledge of business procedures, including filing and indexing, and executive and administrative ability. She should also have, he stated,

a proper knowledge of medical terms; and be able to obtain maximum co-operation and service with a minimum amount of friction.

This was followed by a symposium on "The Hospital Chart." Miss Isobel Marshall, of the Brantford General Hospital, taking "The Record Librarian's Viewpoint," stated that good hospitals had a three-fold function, first, the care of the sick and the efficient performance of this duty; secondly, the instruction of interns and undergraduate nurses and, thirdly, that of investigation and research. The type of record taken was an indication of the hospital's efficiency; many a court case was lost through the omission of proper entries and the record librarian must be constantly on the alert to see that these entries are made. In conclusion Miss Marshall went on to say that the chart is the raw material to the record librarian, and if this material is too raw, the structure will not be up to the standard desired. The chart should be legible and accurate. Laboratory notes should be kept up to date, and the chart should not leave the record room except under unusual circumstances, provided for by the regulations of the hospital.

The second part of the symposium was taken by Dr. Harvey Agnew, Toronto, Secretary of the Canadian Hos-

(Continued on page 34)

Here and There in the Hospital Field

HARVEY AGNEW, M.D.,

Secretary, Canadian Hospital Council

HULL, QUE.—The Sisters of Providence, who operate the Sacred Heart Hospital at Hull, celebrated in October the twenty-fifth anniversary of the hospital. During that time the hospital has grown from a 14-bed institution with 6 Sisters and 2 employees to a hospital of 137 beds directed by 24 Sisters with 48 lay nurses and 36 resident employees.

* * *

KAMLOOPS, B.C.—Group Hospitalization, which was developed two years ago at a time when it seemed likely that this 128-bed hospital could not continue to operate, is still being reported as of great help to the hospital. Enrollment on September the 1st was 1,833, the best number since the plan was put in operation.

* * *

SAINT JOHN, N.B.—It is reported that official announcement was made by the Deputy Minister of Pensions and National Health that Dr. H. D. Reid, former Quarantine Officer at Partridge Island, has been "regularly appointed Acting Chief Medical Officer of Lancaster Hospital and with full authority of that office, as from September 1."

* * *

TORONTO, ONT.—At a convention of Retail Druggists on October the 7th, the Honourable David Croll, Minister of Welfare, stated that serious consideration is being given by the Ontario Government to a contributory State health insurance scheme to apply with special emphasis to the low wage earning class. Mr. Croll stated that the time has come when the State must pay some attention to this problem. He is reported to have said that the present Medical Relief system in Ontario, while unique

X-RAY TECHNICIAN, EXPERIENCED, NOW AVAILABLE

Desires connection with clinic or large or small hospital; full or part time; also relief engagements. Will also accept clinical laboratory and physiotherapy duties. Male, 43, single, Protestant. Copies of references on request. Used to any make of equipment. Write early, in care of Box No. W. 131, Canadian Hospital, 177 Jarvis St., Toronto.



"FLOWERDALE" TEA

Broken Orange Pekoe
INDIVIDUAL TEA BAGS OR BULK
FOR HOSPITALS

Cartons of 500 or 1000 Bags
R. B. HAYHOE & CO., LTD.
7 FRONT ST. E. TORONTO, CANADA

Send us sample order. We ship same day as order received.

in the world, was merely a foundation for the greater framework of health insurance. "It is the framework for something more extensive, and, well within your lifetime and mine, you will see developed from the present relief system a plan of health insurance for Ontario."

* * *

VANCOUVER, B.C.—Authorization of a grant by the International Health Board of the Rockefeller Foundation to help establish a metropolitan health area in Vancouver and vicinity has been announced. The additional staff required to direct this work will include an assistant medical health officer, four health unit directors, four health unit clerks, and eight public health nurses. It is estimated that some \$180,000 will be required during the next five years. This amount will be raised by the Provincial Board of Health, the City of Vancouver, Richmond, and the University of British Columbia with the help of the Rockefeller Foundation. The amount of the Foundation gift has not been stated, but press notices would indicate that this may amount to some \$46,000.

* * *

VANCOUVER, B.C.—The Columbia Coast Mission of the Anglican Church has recently purchased the cruising

*A Germicide of
Highest Quality—*

TRISEPTOL

HARTZ

TRISEPTOL has three times the germicidal power of carbolic acid—is non-corrosive and is completely miscible with water. It is unsurpassed for institutional use, and is used exclusively in leading hospitals throughout the country.

TRISEPTOL is reasonably priced, and because of its high strength, is most economical.

J. F. HARTZ CO.
LIMITED
Pharmaceutical Manufacturers
TORONTO MONTREAL

yacht, Florida V., from the British Columbia Packers Limited. It will be renamed the John Antle, as soon as the present mission boat of that name is disposed of, as a memorial to the Rev. John Antle, who recently retired as Superintendent of the Columbia Coast Mission after over thirty years of service. The Florida V. measures 55 feet b.p. and 14.5 feet beam and is powered with a 60 h.p. Diesel engine, which gives her a speed of about 8 knots. A hospital room fitted with a pullman berth and other equipment is being placed in the deck house. Wireless equipment and a circulating library will be added later. The skipper will be Rev. T. A. Lane Connold, M.D.

* * *

VERNON, B.C.—The Vernon Jubilee Hospital, 54-bed capacity, reports an operating profit amounting to \$1,355 for the first 12 months under the hospital insurance plan. There are now 948 contracts in good standing covering 3,223 people. As non-emergency benefits do not begin for two months and maternity benefits for six months, the cost of operation does not represent a full year of service. Had this been given, it is estimated there would have been a loss of \$1,033. A decline in donations to the institution and to the hospital auxiliary has been noted. However, the plan has apparently been a real help to the community, 350 patients receiving benefits under the plan.

* * *

WINCHESTER, ONT.—The erection of the long sought for St. Lawrence Sanatorium, near Cornwall, the construction of which has been approved by an Order-in-Council and to which the Government has granted \$100,000 for construction purposes, is meeting some local opposition. At a meeting held in Winchester recently fear was expressed that the cost of operation would prove too heavy for the local area. After considerable heated argument, representatives of the municipal councils of Dundas County and the townships of Western Stormont favoured a resolution asking that all commitments with regard to the building of the sanatorium be delayed until the Tuberculosis Sanatorium Act be so changed as to make it compulsory for each municipality to pay the full costs of its own indigent patients.

Subsequent to this meeting, however, it was noted that tenders for the construction of a unit costing approximately \$225,000 were called. Work is to proceed this autumn. In addition to the provincial grant, the united councils are issuing debentures for a similar amount of \$100,000, the balance being financed by the committee in charge.

* * *

New Construction

Edmonton, Alta.—Construction has been commenced of a \$15,200 Home for Nurses at the Misericordia Hospital, Edmonton. The building will be a two-storey brick building to provide residence accommodation for 40 nurses, together with a recreation hall and dining quarters.

* * *

Whitewood, Sask.—The new hospital building at Whitewood was finally opened on September the 26th. The residence of Mr. J. G. Cumming was purchased and altered to meet hospital requirements.

Annual Meeting Association of Medical Record Librarians of Ontario

(Continued from page 32)

pital Council and of the Department of Hospital Service, Canadian Medical Association, who spoke on "The Medical Aspect." Dr. Agnew emphasized the value of the chart as a patient's record, an analysis of staff work, in research and for medico-legal purposes. He spoke of the various ways in which hospital records were obtained, and the value and means of obtaining full medical co-operation. The private patient's record, the value of a good nomenclature, and the taking of histories in small hospitals were also commented upon.

The third and last section of the symposium, "The Legal Aspect," was very ably taken care of by Controller MacFarlane, of Hamilton. His comments on the value of medical records in court proceedings were very interesting, and many cases were cited. He stressed the fact that hospital records should be kept indefinitely, and that the record librarian was the proper person to present the record to the court in the absence of what is known as "Primary evidence" or, in other words, the person who actually saw what took place, gave a treatment, etc. The whole record should be presented to the court by a disinterested party, who can properly interpret the entries and translate the technical terms into simple language easily understood. He also advocated that it would be a step forward if a course of lectures was available to Registrars of Records whereby they could receive instruction in the proper method of presenting the material found on the hospital chart to the court.

The following officers were elected for the ensuing year:
President—Miss Isobel Marshall, Brantford General Hospital.

1st Vice-Pres.—Sister Petronella, St. Joseph's Hospital, London.

2nd Vice-Pres.—Sister M. Paul, St. Michael's Hospital, Toronto.

Recording Sec'y.—Miss M. Weir, Ottawa Civic Hospital.

Corresponding Sec'y.—Miss L. Johnstone, Hamilton General Hospital.

Councillors—Sister Louise, St. Joseph's Hospital, London; Miss S. Hall, Toronto General Hospital;

Mrs. Jean Anderson, Walkerville;

Sister M. Lignori, St. Joseph's Hospital, Peterborough;

Miss M. Eberts, Toronto Western Hospital;

Miss V. Kelly, Hotel Dieu, Windsor.

Registrar—Miss V. Dale, Toronto.

V. E. D.

Miss Grindrod Appointed Superintendent at Picton

Miss Victoria J. Carson, who has been Superintendent at the Prince Edward County Hospital at Picton, Ontario, has resigned in order to take postgraduate work in hospital administration in Toronto. She is being succeeded by Miss Mabel Grindrod, who graduated in Picton in 1932, and since that date has been night supervisor at the hospital.